Clinical Lecture
ON
CALCULUS IN THE FEMALE BLADDER.

Delivered in University College Hospital, Oct. 23rd, 1882,

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GENTLEMEN,—You saw me last week remove from the bladder of a woman aged thirty-three the mass of calculous material which I show you in this bottle, and which weighs, now that it is dry, just one ounce. The patient is a married woman, and had been confined six weeks when she presented herself in the out-patient department, complaining of pain about the bladder and frequent micturition. For this she was sent upstairs to see me, and I had no difficulty in detecting a large mass of stone in the bladder. When placed upon the table in the lithotomy position, you saw that I proceeded to dilate the urethra with a pair of polypus forceps, and then introduced my little finger and subsequently my forefinger without difficulty. In this rapid dilatation there is of course some laceration, and it is usually upwards under the pubes, and does no harm. My finger enabled me to feel a very irregular mass of phosphatic stone, which I proceeded to break down with small lithotomy forceps, and I was able with these, with a scoop, and by washing out through a vulcanite speculum, to remove the débris which we have in the bottle. After clearing out all the fragments, I found that the bladder was in part encrusted with phosphates, and this mortar-like material I scraped away with the nail of the forefinger and a lithotomy scoop, until I was satisfied, by compressing the bladder with the other hand so as to sweep the finger over the whole interior of the viscus, that the mucous membrane was clear. Then, lastly, through the little vulcanite speculum, I applied a solution of nitrate of silver (a drachm to the ounce) over the whole surface of the interior of the bladder, and sent the patient to bed with a half-grain of morphia suppository in the rectum. I expected that there would have been more or less complete incontinence for a day or two, after which the patient would have recovered perfect control; but this was not the case. She was able to hold her water completely on the day of the operation, and passed from the first acid urine, instead of the abominably offensive ammoniacal urine which had been present before. Now, this I find the invariable result of mopping out the bladder with a strong solution of nitrate of silver; and some of you may remember a man in whom the same thing was seen after lithotomy. The woman is now taking her food well, and is fairly convalescent, so much so that I have allowed her baby to be put to her breast again.

The symptoms of stone in the female closely resemble those in the male, except that, from the close propinquity of the bladder to the uterus they may be referred to the latter organ. Frequent micturition, pain especially after emptying the bladder, with "bearing down," should direct attention to the bladder and the condition of urine, which last is probably thick, and may occasionally contain blood. The detection of a stone with the sound is comparatively easy, for the urethra is short, and there is no prostate behind which a small stone can lie hid, whilst the ease with which the fundus of the bladder can be simultaneously examined with the finger in the vagina makes the diagnosis simple enough.

Calculus in the female may be of renal or vesical origin, or both, just as in the male; but there is the peculiarity about stone in the female that it may occasionally have for its nucleus some foreign body introduced by the patient herself. If the foreign body is small, such as a piece of cork, and is completely enveloped by the calculous matter, it in no way complicates the treatment; but cases are not very uncommon in which a hairpin or some other implement has been introduced into the bladder, and having escaped the patient's grasp, has been left there to form the nucleus of a concretion which is certain to form. In these cases the foreign body projects from the stone, and may not improbably have pierced the bladder, and given rise to serious complications.

Stone is not nearly so common in the female as in the male, the proportion between the two sexes being, according to Mr. Poland, one in the female to twenty or twenty-three in the male; and the same author remarks that "statistics respecting stone in the female, the operation and its consequences, and the mortality after operation, are incomplete and unsatisfactory." I am inclined to think, from what I have seen, that stone is more common in the female than is here stated, or than is generally supposed, because in all the cases I have had under my care the disease had not been recognised until shortly before I saw them, although the symptoms had long been present, and had been for the most part referred to uterine disorders. Irritability of the bladder is so common an accompaniment of uterine disease that it is easy to understand how both patient and doctor may be deceived by the symptoms produced by stone; but I would warn you, in all cases of uterine complaint, not to be satisfied without making both a rectal and a vesical examination if the symptoms are at all obscure or do not yield readily to appropriate treatment. When a vaginal examination is being made, it is so easy to pass the finger into the rectum and to slip the uterine sound (if no more convenient instrument is at hand) into the bladder, that there really is little excuse for overlooking disorders of any of the pelvic viscera.

The treatment of stone in the bladder of the female has been simplified almost as much as that of calculus in the male by the "one-sitting" method of lithotrity introduced by Bigelow. In former years I should have hesitated to break up a stone weighing an ounce and have probably had recourse to vaginal lithotomy, of which I shall speak presently. Of course lithotrity for small stones has been often performed in the female, and I ventured some years ago thus to break up a small mulberry calculus, the fragments of which may be seen to be covered with phosphates. The ordinary lithotrite, or a shorter one made for the purpose, may be readily employed, or where, as in the great majority of cases, the stone is soft and friable, recourse may be had to simple lithotomy forceps and the crushing power of the hands. Bigelow's, Thompson's, or Clover's evacuator may be employed in the female as in the male, but I think I saved time in my case by using simply a vulcanite urethral speculum and washing out the fragments with an ordinary Higginson's syringe.

Extraction of small stones per urethram with polypus-forceps or a scoop is readily performed if the urethra is rapidly dilated in the way I have described; but it is never worth while to drag out large calculi at the risk of producing incontinence, when they can be so easily reduced in size by crushing. The method is, however, very satisfactory for the removal of the foreign bodies which occasionally find their way into the female bladder. Various ingenious instruments have been contrived for catching, doubling up, and extracting such articles as hairpins; but I have found practically that with the finger introduced through the urethra there is no difficulty in guiding a pair of polypus-forceps, and extracting a hairpin or other similar body without the risk inseparable from a supra-pubic lithotomy, which has been performed in similar cases.

The operation of lithotomy in the female resolves itself into a very simple proceeding—viz., cutting through the vaginal and vesical walls where they are in contact, and is hence called vaginal lithotomy. Let me remind you that the peritoneum does not touch the anterior wall of the vagina, which may therefore be divided quite up to the os uteri without risk to that membrane, whereas the pouch of Douglas lies between the upper part of the posterior vaginal wall and the rectum, and is liable to injury by obstetric instruments, &c. Vaginal lithotomy is no new operation, for it has been long known to surgeons, but the great modern improvement in it is the practice of closing the wound immediately by wire sutures so as to obviate the formation of a vesico-vaginal fistula. I show you three large stones which I removed from different women by this proceeding some years back. The first stone weighs one ounce and a half, and is remarkable, as you may see in the section, for having consisted originally of three angular calculi, which had become fused together in a mass of carbonate and phosphate of lime, measuring 2 inches by 1½, and being 1 inch thick. This I extracted from a woman aged forty-nine, in whose bladder I detected a very distinct pouch, in which no doubt the stone had originally lain. I closed the wound with tin wire sutures introduced through the whole thickness of the bladder and

vagina, and the patient made a perfect recovery. The second stone is nearly circular in shape, its long diameter being 2¾ in. and its short diameter 2¾ in., and its greatest thickness 1¾ in. It weighed two ounces, and I extracted it from a woman aged forty who had long suffered from pain supposed to be uterine. In this case the closure of the wound was not entirely successful, and she had slight incontinence when in the upright position, but declined further interference. The third stone consists of one large mass and a quantity of débris, weighing altogether three ounces and a half, which I extracted from a woman aged fifty, who made a perfect recovery

You will thus see that there is no difficulty in extracting very large calculi from the female bladder entire, but it is in some sense a reproach to our art that stones should be allowed to attain such a size. Early detection is as desirable in the female as in the male, and the great majority of such cases can be best treated by lithotrity at one sitting.

COMPOSITION, RESOLUTION, AND ABEYANCE OF SECONDARY PERCEPTIONS.

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DIRECTIVE phenomena are affected by muscles influencing one another, as well as by the mechanical arrangement of their constituent fibres. Such was a cursory rejoinder to a hypothetical objection to the motor diathesis of the secondary perceptions on the ground of the multiform and incongruous distribution of the fibres of certain muscles—the pectoralis major, penniform muscles, &c.[1] It is a rejoinder meriting critical examination, since the problem of secondary perceptional currents being conducted centripetally from a voluntary muscle during its vital contraction must be incompletely verified, if not quashed, without its due acceptance. Taking it, then, as a text for the present remarks, I trust that abundant evidence will be forthcoming in its support, which will also have a practical bearing on the further proof of the problem in question.

Composition.—A very good and simple illustration of this nervous process is afforded by the following observation:—"The left eye may perceive an object eight degrees to the right of the main line of direction, and the right eye four degrees; but binocular vision will give it its correct value of six degrees by virtue of muscular co-operation and the agency of a directive composition."[2] It is an absolute essential for the dynamic composition of secondary sensorial forces that the muscular fibres engaged in the operation be consentual—that is, pull in the same direction more or less. 1. Note the parallelism of the elementary fibres of a voluntary muscle in contrast to their intricate interlacements in an involuntary and non-directive muscle. They would doubtless have been perfectly parallel were it not for the convenience in packing, admirably shown by Paley, arising from thin tendinous sheets and delicate cords. Composition renders perfect parallelism unnecessary, however; the fibres agree in their general direction, and the muscle's contraction generates a single directive resultant. 2. Observe how the numerous muscles of a set (flexors on the forearm) operate sensorially as one muscle would do when unified in one particular action (flexing the hand). Many muscles are indispensable for the attainment of various distinct ends, but muscular consent originates a directive unification where it would be useful. 3. The phenomenon of single vision has been interpreted by a consentual theory; the external rectus of one eye pulls in the same direction as the internal rectus of the other eye, thereby initiating a directive composition. There is a strict analogy between this case and that of a single muscle or set of muscles. Hence an objection to the motor diathesis of the secondary perceptions, on the ground of the extremely irregular form (pectoralis major), or distribution of the elementary fibres (penniform) of certain voluntary muscles is a weak one. Should it be sought what single directive message any muscle (penniform or otherwise) transmits to consciousness, it will be necessary merely to note the relative positions of its osseous attachments, and the direction towards which the movable segment is turned by its shortening, so that the directive message is determined by the mechanical conditions of a muscle's origin and insertion. But, mark here, nothing will be more natural than to conclude that this result could not obtain excepting the relative positions of osseous origin and insertion are known by a sort of inner consciousness; the superior rectus, for instance, rotates the ocular globe upwards, it may be concluded that the resulting upward idea has no *points d'appui* for its realisation in the absence of a recognition of the sites of origin and insertion of the muscle by a latent process of consciousness. I regard such a conclusion as erroneous, inasmuch as latent or inscrutable consciousness is incomprehensible; the directive message, although due to mechanical conditions, has no further reference to them, referring only to any sentient point or points that may be impressed *ab externo*. Thus, the biceps has a sensorial reference to any impressed sensitive point either on the hand or the forearm, and not to its bony attachments; again, the muscles rotating the body or the head may have a directive reference to an impressed retinal point. From a very simple starting-point we now find ourselves at the complex borderland where the Ego and the Non-ego meet; there is the natural cohesion of the insensate tendinous and bony origins and insertions (the Non-ego) in juxtaposition with and holding relation to an independent agency—namely, the vitalised cohesion of muscular contraction (one mainspring of the Ego). Nothing remains for us apparently but to contemplate these two stupendous forces standing thus face to face; a fair simile of the position is to be found in a pair of horses drawing a tram-car round a corner, the animals being guided as it were by the *vis a tergo* of the heavy tram with its mechanical adjustments.

Resolution.—It is an almost axiomatic observation, where one finds composition there one may search for resolution; and it would seem that the latter process is in operation to produce the visible directions of the peripheral portions of the retina. Before entertaining this subject, however, let us consider the direct proofs that visible direction is a motor physiology in the following condensed argument:—

1st. Peripheral retinal points are equally sensitive with the axial point, noticeable in the observation of minute stars; therefore, on the theory that the special nerve of sight is a directive agency, the centre of visible direction will correspond with the centre of the retinal concavity (ocular centre). Sir David Brewster has promulgated this view.

2nd. Prof. Volkmann and Dr. Griffin have shown, each by an independent investigation, that the centre of visible direction is situated at a point considerably anterior to the centre of the retinal concavity; therefore visible direction is not effected by the retina.

3rd. Every object before the single eye, whether median or lateral, is seen accurately in position; therefore the centre of visible direction coincides with the eye's optical centre. The latter is at a point in the crystalline lens near its posterior border—that is, anterior to the centre of the retinal concavity.

4th. Every object appears to be fixed during the rolling of the eyeball (Brewster); therefore the optical centre and the centre of visible direction both coincide with the centre of rotation of the eyeball. Hence (*nisi prius*) visible direction results from the motions of the eye—i.e., its muscular apparatus.

Reference being now made to the following figure, C being the optical centre, the straight line, *m* M, will represent the median and main line of monocular visible direction. This line is regarded as being originated by the recti pulling the eyeball evenly backwards by their normal tonicity. Muscular tonicity, according to this view, is a directive agent as well as volitional contraction, and the opinion is corroborated by the directive phenomena resulting from the erect position of the body and the head, both postures being referable to tonicity. The balance of the recti is destroyed when the eye is directed laterally. If the eyeball be turned towards the right, the rectus so rotating it is in a more active state of tension than its fellows, and consequently the axial point, *m*, will now perceive the image depicted on it along a line of direction inclining to the right. But the lateral points *a*, *b*, *z*, or *y* are each equally affected by the greater tension of a given rectus, as is point *m*. How is it that the images impressing these points are not perceived along a line of direction that is parallel to, or identical with,

[1] Vide THE LANCET, July 29th, 1882. [2] Ibid., October 22nd, 1881.

that of the image on point *m*? Herein consists the paradoxical problem of visible direction. I hold that the main direction, *m* C, is resolved into the oblique visible directions *a* C, *b* C, *z* C, *y* C, &c.

Such resolution appears to be warranted when we consider the instability of peripheral retinal points as compared with the stability of the axial point, and that said instability is progressively greater in the direct ratio of the distance of any peripheral point from the axis. Assuming the eye to be looking forwards, it will be manifest that the backward pull of the entire recti operating on the axial point, *m*, would draw the eyeball backwards, whilst if operating on

any oblique point, *a* or *z*, it would tend to rotate the eyeball. Again, the mobility of this rotatory influence will be greater as exerted on point *b* than on point *a*, on point *c* than on point *b*, and so on. Further, the tendency of the muscular action to pull the eyeball backwards will be inversely as the tendency towards its rotation; hence the forward direction, *m* C, originating with the backward pull, will be modified accordingly. A visible direction corresponding to any oblique point, *a* or *z*, will not originate such a forward idea as the point *m*—that is, it will be inclined to right or left in addition to forwards; neither will a visible direction corresponding to points *b* or *y* originate such a forward idea as the less oblique points *a* or *z*—that is, it will be more inclined towards the right or left. Thus the causation of the progressive scattering of visible directions from retinal centre to circumference, as with other directions, is determined by a mechanical condition (the globular shape of the eyeball). The backward pull (the forward idea) will be very slight at the peripheral points *c* and *x*, but it is still there; in other words, the main direction, *m* C, is resolved into the dotted lines indicated in the diagram.

In what manner the site of the centre of visible direction is fixed at point C, correspondent with the eye's centre of motion, is a less abstruse inquiry. That the progressive scattering of visible directions must cause them to intersect at a common point eventually, will be evident on considering that the directions are different on either side of the median line *m* C, and that the eyeball is globular. Why, then, at point C, or how are the visual angles *m* C *a*, *a* C *b*, &c., generated? Confining our attention to the images *m* and *a* of the objective entities, M and A with visual angle *m* C *a*:—(1) Retinal points are impressed by light for one-eighth of a second. (2) The glances of the eye must be considerably more rapid than this, since even the movements of the hand are more rapid; an ignited piece of charcoal revolved in the hand deceives the retina by producing the semblance of a fiery circle. (3) Therefore, in directing the eye rapidly from object M to object A, the retinal points *m* and *a* will be impressed by the images of these objects simultaneously for a definite period. (4) Therefore the visual angle *m* C *a* will be identified by perception, and this angle will be formed at point C, the eye's centre of motion. (5) Therefore every single visible direction into which the main visible direction is resolved will have a fixed value for a certain retinal point; thus, *a* C for the lateral point *a*. Let it be understood that muscular traction reacting on the mechanical sphericity of the retina generates visible resolution, whilst ocular rotation effects monocular visible direction.

Other phenomena that are probably determined by directive resolution may be briefly alluded to: I refer to the visible area correspondent to the punctum cæcum, and to the resolution of main tactile directions correspondent to the manifold sentient points on the skin's surface. The latter forms a fit subject for reflection and analytical investigation.

Abeyance.—There are two varieties of this process—viz., the subordinate and the insubordinate. The directive and positional perceptions of the sense of touch are subordinated to those of vision, as indicated in the following original experiment: Holding the thumb and forefinger midway between and a few inches before the eyes, let them be rubbed together. Looking now with both eyes at a remote and median position, two spectral thumbs and forefingers will be seen, and with there singular results: When the optical axes (still divergent) are inclined to the right side, the forefinger will feel the thumb at the site of the right spectrum; on inclining the axes leftwards, the thumb will be localised on the left side. The same tactile abeyance may be proved by studying one's face in a distorting mirror; however much the forehead is seen to recede abnormally, its parts will be accurately felt by the fingers just wheresoever they may be seen. Brewster's well-known experiment with the cane-chair,[3] in which the octagonal perforations of the seat are felt in a different position to which they are seen, does not invalidate the above statement; this is apparently an example of single vision, but really one of double vision with a sensorial antagonism operating between the ocular muscles. Is it possible that a tactile positional perception can be in abeyance to visual positional perceptions that are at variance so as to neutralise each other? Certainly not; in such an event, as a result of the first experiment, the thumb would be felt by the forefinger at the sites of both the visible spectra simultaneously.

Another example may be instanced in viewing objects behind by bending the body forwards and looking between the legs; the superior rectus now localises objects below and the inferior rectus above, because these muscles are in abeyance to those bending the trunk. Muscular abeyance exhibits many manifestations in the upper extremity, concerning which it may be said generally that a given distal segment is subordinated to any given proximal segment—the fingers to the hand, the fingers or hand to the forearm, and this to movements of the arm. The index finger indicates direction or position only through the abeyance of the indicator muscle to wrist, elbow, or shoulder movements, which clearly modify its indications. Analogously taking a natural skeleton of the upper extremity, the phalanges may be moved independently of the metacarpal bones, but not *vice versâ*; and the carpus may be moved independently of the humerus, but not *vice versâ*. Hence a practical illustration is afforded of a statement made elsewhere that "the muscular organism of the secondary perceptions is correlated to the mechanical forces of nature in like manner as that of the primary perceptions is correlated to the sense essences of nature";[4] other facts endorsing the same doctrine are contained in the present thesis.

A single instance of insubordinate muscular abeyance must suffice—namely, it is the usual province of the right external rectus to give rise to a rightward perception; but, rotating the face over the right shoulder, the resultant perception of this muscle is a backward one. In this experiment the rectus is not in abeyance to the rotatory muscles of head, but it co-operates with them, whilst remaining *per se* an efficient factor throughout. The result is due to an absence of inconsistency or antagonism between rightward and backward directive perceptions. A mechanical equivalent of the process is afforded by two rulers that are fixed end to end at right angles, and that rotate on the free extremity of one of the rulers as on a centre.

Derby-villas, Forest-hill, S.E.

[3] Brewster on the Stereoscope, p. 95, 1856.
[4] Vide THE LANCET, July 29th, 1882.

THE Visiting Committee of the Holborn Infirmary at Highgate have reported that, in order to meet the demand for admission at the present time, they have made arrangements to provide fifty-two additional beds, and instructed the clerk to write to the district medical officers, calling attention to the crowded state of the infirmary and asking them to treat cases as far as practicable in their own districts, and send only urgent cases to the infirmary.

ON THE

SAFE ADMINISTRATION OF CHLOROFORM.

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IN the year 1858 I made known to the profession in a *brochure* my views on the "Safe Administration of Chloroform." This little work was most favourably reviewed by the medical press, and several surgeons more or less eminent wrote to me their conviction that I had solved the problem of greatly limiting, if not abolishing, the dangers of this anæsthetic. By experiments on frogs and observations on patients, I had become convinced that chloroform could only be safely administered by limiting the dose to the smallest quantity capable of inducing insensibility to pain. By repeated trials I found that by means of Snow's inhaler five minims of this anæsthetic, followed by ten in twenty seconds, and in forty seconds by fifteen, and then fifteen every minute until the patient became insensible, and afterwards an occasional ten minims, sufficed in almost every case to produce and maintain complete anæsthesia. Very rarely twenty minims were required. It was found that when fifteen minims were put into the inhaler every minute during the inhalation all the chloroform had evaporated at the end of that time. I have reason to think that from the publication of these facts the doses were much moderated, and that in consequence the number of deaths became relatively less. Although I have during these twenty-four years never been prevented administering it by extreme age or infancy, by chronically diseased heart, lungs, or kidneys, I have not had a death by chloroform. Considering that I have been surgeon to the Salisbury Infirmary during all these years, and have had during that period a numerous *clientèle*, this evidence will not, I trust, be considered unimportant. I have read with painful interest the reports of deaths from chloroform, and have not come across one in which this mode of giving it had been adopted. In every case of death in which the quantity of the anæsthetic inhaled was recorded, it was much larger than that advocated by me. Of late years a quicker and more daring plan has been advised and practised. Hence, I feel sure, the more frequent fatal results. During these twenty-four years I have never refused chloroform to any patient in whose case pain was anticipated. The scares inducing pressure of the chest, placing the head below the level of the body, &c., have not occurred. Sometimes those who have kindly administered the chloroform have preferred the towel and handkerchief. This I consider dangerous, and now always request that the plan detailed above be adopted. By it the sickness, headache, and malaise, following operations performed under chloroform, are immensely diminished. Some timid patients fancy that the mouthpiece of the apparatus will suffocate them. In such cases I sprinkle ten minims of the anæsthetic on a handkerchief, and when it begins to act return to the inhaler. Mr. Matthews has supplied me with three sizes of mouthpieces, surrounded by inflated indiarubber tubes and more perfect valves. These are much better than those used by Dr. Snow. When the towel or handkerchief is used the dose must be more than doubled, as more than half is lost by evaporation and expiration; but then the atmosphere becomes loaded with vapour, and if danger should arise the chances of life to the patient would be much diminished. It would seem almost unnecessary to give facts or arguments to prove my position, for what would any educated practitioner think of one who having made up his mind to give a grain of opium every hour for twelve hours gave twelve grains at once? or having decided to give twenty grains of chloral every four hours for twelve hours administered sixty grains at one dose?

I admit that these are extreme illustrations, but the principle is the same. We all know that some patients are prone to be rapidly and profoundly affected by mercury, opium, and chloral hydrate, &c. I am certain that some, and not a few, are dangerously affected by the usual doses of chloroform. Curiously, I have had several illustrations of this in the wards of the Salisbury Infirmary lately. One young woman of twenty-four years of age was completely narcotised by five minims of chloroform. A middle-aged woman was rendered insensible to pain during an operation lasting a quarter of an hour by seventy-five minims, and a child by ten minims. Had the usual doses been given to these patients, would not their lives have been placed in danger? I think so. I admit that in most cases by the withdrawal of the anæsthetic, opening the windows (which during the inhalation should never be shut), &c., the patient is mostly saved, and the fatal cases reduced to one in a few thousands, but to that one this makes all the difference between life and death.

It has been said above that I have not in one instance refused to give chloroform because of diseased heart, feeling that indications of danger would declare themselves in time to combat them. Two illustrative cases have occurred in private practice during the last few weeks. One was a gentleman seventy-nine years of age, on whom I performed colotomy. His pulse was very feeble and intermittent. The other case was an elderly lady with tricuspid insufficiency very marked. These cases have an additional interest from my having made an important addition to my usual method of giving the anæsthetic. It struck me that it might be useful in the cases in which the heart showed symptoms of powerlessness to give a dose of pure ether by inhalation in the same relatively small quantities with the view of rallying this organ. These two cases prove, I think, that this idea is a valuable one. The old gentleman was given chloroform after my method, and when the pulse dropped at all twenty minims of ether were put into the modified Snow's inhaler. The pulse on each occasion answered to the whip instantly, and was firmer and more regular at the end of the operation than at its beginning. The elderly lady suffered from hæmorrhoids at both sides of the anus, and from a very painful fissure. She was very anæmic, and her skin was of the colour so familiar to us in cases of malignant disease. We could, however, detect none. A gentleman who had had much experience in giving chloroform with a towel or handkerchief, declined, in consequence of the tricuspid disease and extreme anæmia, to be the administrator. As this case was more than usually risky, I requested Mr. Harcourt Coates to operate, I administering the anæsthetic. The patient objected to the inhaler. Ten minims of chloroform were dropped on a handkerchief which was placed over her mouth and nose. She soon became sufficiently unconscious to admit of the use of the inhaler. The operation lasted from first to last half an hour. She was kept insensible to the pain by seventy-five minims of chloroform and the same quantity of ether. Her pulse varied but little during the half hour. When it became a little depressed, twenty minims of ether raised it instantly. In no case since the year 1858 have I had to use galvanism, nitrite of amyl, artificial respiration, or any other mode of resuscitation.

My readers have, no doubt, compared the small doses of ether with those habitually given. May it not be that the same freedom from danger from this anæsthetic would be attained if the necessary quantity only was inhaled? Before I publish my contemplated next edition of the little work on "Chloroform and its Safe Administration," I hope to work out this practically, both as regards ether and the bichloride of methylene. The economy of chloroform is necessarily very great by this method. I admit this to be of least consequence. Am I rash in concluding that the foregoing facts are calculated to prove:—

1st. That the plan advocated is rational and consistent with our practice with other powerful remedial agents.

2nd. That it lessens the dangers and after disagreeable effects of the anæsthetic, and so would enlarge the area of its utility?

If so, I am very thankful; as the frequent deaths lately reported, should they continue to occur, would naturally increase the anxieties both of the public and of ourselves, and might limit to a fearful degree the blessing of that merciful gift of God, anæsthesia.

Salisbury.

THE practice of tobacco smoking appears to be largely on the increase in the United States. Among youths especially it is rapidly extending. The head master of the Latin School at Boston, Mass., states that tobacco is used by half the boys in the upper classes in his establishment, while the principal of Harvard Grammar School in Charlestown avers that out of 300 boys about 49 per cent. use tobacco habitually.

CASES SUGGESTIVE OF A

PROBABLY PROLONGED INFECTIOUSNESS IN SOME CONVALESCENTS FROM SCARLET FEVER.[1]

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THE question how long the poison of scarlet fever may remain about the person of a patient, convalescent from the disease, is at once so important and so difficult to answer, that I shall perhaps be pardoned, as the following cases are somewhat suggestive, for giving such particulars of them as have either come under my own observation, been furnished me for the purpose by my friend Dr. Stewart, or gathered from the relatives of the patient.

On Tuesday, Feb. 14th of the present year, Ada, the eldest child at home of George B——, a journeyman mason, was seized with vomiting, and complained of a sore-throat. On Wednesday the skin of the chest was covered with "small brown dots," the face was flushed, and the child was feverish. The mother attached no great importance to the symptoms, as the child was delicate and often ailing. She kept her, however, in bed, but next day (Thursday) during her mother's absence, the girl got out of bed and went to the outer door. She would appear to have thus got a chill, for the reddening or rash on the skin disappeared, and on the following Monday the mother noticed a slight swelling or puffiness of the face. There was also swelling of the hands and ankles, and these symptoms so alarmed the girl's mother that next day she asked Dr. Stewart to see the child. This he did on Tuesday, Feb. 21st. Feeling in some doubt as to whether the child might not have had a slight attack of scarlet fever, Dr. Stewart advised that the two other children should be sent away. They were accordingly sent to Mrs. B——'s mother, next door, and remained there, as we shall see, some eight weeks. I am informed that there was no intercommunication between the houses, but I do not ask anyone to accept that literally. The arrangement, however, was probably as efficient, or as inefficient, as the separation of a scarlet fever patient in one room of a moderate-sized house generally is.

The patient was under medical care till March 13th, and was, her mother says, in bed about a fortnight of that time, but loose skin peeled off for some time longer. Later, I cannot learn exactly when, but not till risk of infection was supposed to be over, the house was cleaned down, white-washed, the paint and furniture washed, the mother's and children's dresses and underclothes, the bedclothes, bed-ticking, even the flocks of the bed itself, washed, while flannels, old blankets, and some other things of little value, and which could not be washed, were burned. The mother's bonnets had never been out of their box, and that, for want of room, had been all the time at the grandmother's. I do not find that Mr. B——'s clothes were subjected to any process of disinfection. Otherwise disinfection was carried out as completely as, perhaps even more thoroughly than, is usually done by people of the same class, and on March 23rd, rather more than five weeks from the date of attack, the father, mother, and convalescent moved to another cottage about a quarter of a mile distant. Rather more than three weeks after, when they had got thoroughly established, the two younger children were brought to the new home. This happened on Sunday, April 16th, nearly nine weeks from the commencement of the patient's illness.

The second girl, Florence, a child of four, slept with Ada that night, and next (Monday) morning was sick, vomited, and complained of sore-throat. On Tuesday she had a rash, more distinctly marked than ever Ada had, and Mr. B——'s mother, who came in, suspected scarlet fever, and advised them to get the doctor. Dr. Stewart's assistant saw the child on the 20th; he saw her himself on the 21st, and informed me of the case on the 22nd, requesting that, as the mother was expecting to be confined, I would take steps in the matter. I saw the children at once, and felt inclined to call both cases scarlet fever. There was a certain amount of roughness of the skin still about Ada, hardly typical desquamation. The younger child had a slightly dusky ring round the isthmus of the fauces, but no very distinct rash. I explained to the father the state of the case—that I could not say more than that probably both children had had scarlet fever, and offered, if he was willing to run the risk, to send them to the scarlet fever ward at the borough hospital, but gave him the alternative of sending them both to some friend who had no children, and who did not intend to be with his wife during her confinement. I gave him an hour to make up his mind, and he elected to send the children to his wife's sister, a married woman without family. They were sent to Mrs. R——'s, about half a mile away, at once, and the house emptied of people and well stoved with brimstone by one of our inspectors. Mrs. B—— had a slight sore-throat at the time the children were sent away. That night Mrs. R—— took the second child, Florence, into her own bed, and next morning (Sunday, April 23rd) she was sick, had a sore-throat, and the following day a red rash. When I saw her, a few days later, she was suffering from a well-marked attack of scarlet fever. The children remained there till after their mother was confined, and till after Mrs. R—— herself had quite recovered. Mrs. B—— was confined on May 23rd, and did well.

When Dr. Stewart considered the cases ready for disinfection, the corporation officials fumigated Mrs. R——'s house, removed for disinfection the bedding, bedclothes, and clothes, and some eleven weeks from the time they had been sent away the children returned home. A few days later the third child, a boy of twenty months, was attacked in a similar way. His mother brought him, as an out-patient, to my cliental at the infirmary on October 31st. He has never been thoroughly strong since his illness in the summer, and has a trace of albumen in his urine.

The points of special interest about these cases are—(1) That a child, nearly nine weeks after the commencement of her own illness, should apparently have conveyed the poison of scarlet fever to her sister by contact; and (2) that an ailment so little marked, that one hesitated to incur the risk of sending the children to the fever hospital, should apparently have been infectious enough to cause a well-marked attack of scarlet fever in a healthy adult, who, as we learned afterwards, had not previously had the disease.

The amount of scarlet fever in the borough at the time was below the average of the same season during the three previous years. From the middle of April, for six weeks, it was as nearly absent as this disease ever is from a large town.

My own feeling about the infectiousness of scarlet fever at present is, that it is unwise to allow children to mix with others till desquamation has quite ceased, and my experience, during the last few years, of close upon a thousand cases of this disease at the borough hospital, is that the process is seldom completed before the eighth week, is often incomplete at the tenth, eleventh, and even the twelfth week, and is by no means always ended at the thirteenth week.

Huddersfield.

[1] A paper read before the Huddersfield Medical Society, Nov. 7th, 1882.

CASES OF STRANGULATED HERNIA, AND THE TREATMENT OF OMENTAL PROTRUSIONS.

BY JOHN TUDOR, M.R.C.S.,

SENIOR SURGEON TO THE DORSET COUNTY HOSPITAL.

CASE I. — H. W——, railway porter, aged twenty-eight, was admitted into the Dorset County Hospital on Oct. 13th, 1864, with a large hernial protrusion in the right inguinal region of some years' standing, for which he had been in the habit of wearing a truss. Two days previous to admission the truss was left off. The man having been drinking rather freely, and being unable to return the hernia, which hitherto he had been able to do without trouble, he was obliged to send for a surgeon, who was also unsuccessful in returning it. At the expiration of two days from this the patient was sent to the hospital. He was at once put under the influence of chloroform, but no impression could be made upon the protrusion, which was very tense and painful; and as the man's condition was becoming critical, I without delay cut down upon it. The sac was opened, and found to contain an extensive mass of highly coloured omentum, also a large

coil of intestine of a bright-red tinge. The stricture at the internal ring was divided and the gut returned; a strong double hempen ligature was passed through the centre of the omentum just in front of the internal ring, and firmly tied upon either side, which was then cut off about a quarter of an inch in front of the ligatures, the ends of which were allowed to hang out of the wound, thus keeping the stump *in situ* and maintaining a free drainage. The omentum removed weighed a little over a quarter of a pound. The subsequent treatment consisted in giving opium freely and covering the abdomen with hot fomentations. A simple fluid diet was maintained for the first few days, until there had been a free action of the bowels. On Oct. 31st, three weeks after the operation, the notes record: "The patient has progressed well without a bad symptom." I heard of this man sixteen years afterwards, and the report stated that he was very well.

CASE 2.—J. G——, aged sixty-five, a spare, healthy man, the subject of crural hernia for some years, was admitted into the Dorset County Hospital on April 23rd, 1867. The gut had been strangulated for four days, accompanied by continuous stercoraceous vomiting. The protrusion had passed upwards over Poupart's ligament, and had been mistaken for an inguinal hernia, and sedulous attempts had been made to reduce it as such. Aperients had been freely given by the mouth, and also by injections. The most troublesome symptom upon admission was the constant fæcal vomiting. There was but slight pain and little swelling of the abdomen. Under the influence of chloroform, a cautious attempt was made to return the gut, but without success. I then decided to operate. Upon opening the sac, dark-coloured serum escaped. The hernia consisted of omentum and gut, the latter being of a dark mulberry colour, and adherent to the omentum, which was also adherent to the sac. The adhesions were very firm, and required great care in separating them. Gimbernat's ligament was divided, and the bowel returned. The omentum was ligatured and divided by scissors. The after-treatment was essentially the same as that carried out in the former case, and the patient did well. Some years afterwards I had the opportunity of examining the man, who was "radically cured," and could do his work without the use of a truss. I again heard of him at the age of eighty, when he was enjoying good health.

CASE 3.—I was summoned, late in the evening, April 21st, 1881, to see an old lady, aged fifty-eight, living in a town about eighteen miles distant, suffering from strangulated crural hernia. I found her rolling about in her bed in great agony, proceeding from a hernial protrusion in the right groin about the size of a cricket-ball. She had been the subject of hernia for about twenty years, which had never been returned. The usual size of the protrusion had been about that of a hen's egg. Upon the day of my being called in the patient over-exerted herself, and the tumour rapidly increased in bulk, accompanied with great pain. She was at once put under chloroform, and, after a careful attempt at reduction, I operated. Upon opening the sac, it was found to contain a large mass of omentum and a considerable-sized knuckle of intestine. From the large bulk of the two together, great care was required in dividing the stricture. The omentum was raised up and held over the side of the abdomen, whilst the gut was shielded by an assistant, and the stricture was carefully divided upon the fingers. The gut being returned, the omentum was ligatured and excised. It was quite a handful, and weighed over two ounces. In this case the ligatures were much longer in coming away than usual—the one not until after four, and the other three, weeks. Morphia and extract of belladonna were given at intervals. At the end of three days oil and turpentine injections were administered, but without effect. At the expiration of a week I was telegraphed for, as the patient was thought to be dying. There had been no action of the bowels, in spite of the treatment, and the patient was in great distress. The abdomen was very much swollen and tympanitic, and somewhat painful to the touch. I concluded it was a case of extreme flatulent distension, with muscular inertia, but with an absence of inflammatory complication. I advised an enema containing two ounces each of castor oil and spirits of turpentine, with one drachm of tincture of opium, to be carefully blended with the yelks of two eggs, and to be administered in two quarts of thin gruel as warm as could be borne. This had the immediate effect of bringing away a large volume of flatus and small quantities of feculent matter, which gave instant relief and reduced the abdomen to its normal dimensions. Six grains of calomel were placed upon the tongue, and a senna draught ordered for the morning. During the night there were two copious motions, and from this time the patient made a favourable recovery.

CASE 4.—On September 11th, 1881, I was telegraphed for into the country to see a gentleman, aged about seventy, suffering from strangulated femoral hernia. The patient had been the subject of rupture for some years, for which he had consulted a well-known London surgeon, who pronounced it to be omental. Having failed to return it, he advised the use of a truss. This was several years ago. Six days before I was called in the patient felt unwell, accompanied by sickness, and followed by constipation, for which he was ordered effervescing medicines and aperients, which failed to give relief. Upon my arrival I found him very feeble and low-spirited, having been unable to take food for some days, fluids even being rejected. The countenance was haggard and anxious, the pulse quiet and compressible, tongue dry and furred, and the vomit stercoraceous. The abdomen was painful and tympanitic, and there was increased tenderness over the seat of hernia. The case seemed in all respects critical, for in addition to the above symptoms, the age of the patient, the duration of the illness, with a weak heart's action, were to be taken into consideration. I advised immediate operation as the only chance. The patient was placed under chloroform, and I cut down upon the hernia, opening the sac. There were slight adhesions between the gut and omentum, and between the latter and the sac. The gut was of a dark-purple colour, and the stricture unusually tight at Gimbernat's ligament. The omentum, which was of a dark-red colour, was ligatured and cut away with scissors. The patient was ordered ice to suck, and to take small doses of opium and belladonna, whilst the abdomen was covered with hot fomentations. This gentleman, under the careful management of his own medical man, subsequently made a very favourable recovery.

CASE 5.—On March 16th, 1881, I was telegraphed for from a town some distance away to a Mrs. ——, aged fifty-nine, suffering from strangulated crural hernia. There were two protrusions, one in either groin, about the size of a walnut; that on the left having existed for seventeen years, and that on the right for ten, neither of which had ever been reduced, although, the patient stated, that she had worn a truss upon the left side for ten years. Four days previously to my being called in she complained of pain in the right groin, which was soon followed by vomiting and other symptoms of intestinal obstruction. The vomit shortly became stercoraceous, and continued so for three days, up to the date of my visit. Upon examination there was but slight swelling over the abdomen, and the chief pain was referred to the right groin. Under these circumstances I determined to operate upon this side if reduction under chloroform failed. This being the case, I cut down upon the protrusion, opening the sac, which contained a small piece of ileum about the size of the first two joints of the little finger, which was of a dark-purple colour. There was very little fluid; but the gut was so closely enveloped by the sac as to render it necessary to be very cautious in using the knife. The patient was ordered ice *ad lib.* to suck, and a pill composed of half a grain of morphia and a quarter of a grain of extract of belladona every six hours. She made a good recovery at the end of three weeks. During the time the patient was confined to her bed the protrusion on the left side disappeared spontaneously.

Observations.—It must be admitted that, in the operation for strangulated hernia complicated with an omental protrusion, an important question arises as to how this can be best treated so as to place the patient in the most favourable condition for recovery. The treatment of these protrusions has been clearly and precisely indicated by many able writers, and perhaps the different modes suggested have answered well in the hands of those surgeons who have practised them. I myself have followed one line of practice under the impression that it has superior advantages over the others; and although a few cases might not appear of much value in establishing a principle of treatment, still it seems to me that there are circumstances surrounding the history of those recorded which give a favourable complexion to the proceedings adopted, and taken together, I think they might be considered rather above the average in severity, sufficiently so to test the merits of any treatment and to encourage a repetition of it. The plan of passing a

ligature around the omentum and allowing it to slough away has been long abandoned. The different methods now followed seem to be to return the omentum with the intestine, or to excise it. Two ways are suggested for carrying the latter into effect:—First, by severing the mass, and tying the bleeding vessels; and, secondly, by passing a double ligature through what might be called the neck of the protrusion, and securing it on either side; then excising, either by knife or scissors, the mass in front, allowing the ends of the ligatures to hang out of the wound to the extent of several inches. As regards returning the omentum into the abdomen, I should always fear the risk of injury to so delicate a structure, however carefully manipulated. And where the protruded part is large, or where it has been down for a length of time, it would appear almost impossible to avoid rupture or tearing, and hence probably establishing a centre of inflammation, leading to peritonitis and its serious consequences. In excising without first ligaturing the omentum I conceive that several risks might be incurred, the most prominent being the retraction of a portion of the cut surface within the abdominal cavity, where oozing of blood or serum might take place, and perhaps giving rise to an internal hæmorrhage or septic changes, probably exciting local or general peritonitis. I can likewise conceive some difficulty in securing small vessels in such a structure. On the other hand, by ligaturing before excising, many risks, it seems to me, might be avoided, and certainly in some instances, as I have related, a "radical cure" might be induced. As I have never followed another plan than that which I have advocated, I cannot profess a personal experience in other methods; therefore I do not attempt to ignore any different modes of proceeding which might have been carried out with equal success by other surgeons. But as different opinions decidedly exist on the subject, based somewhat upon theory, I bring my views before the profession as the result of practical experience, and after a careful consideration for some years past of a point of treatment which seems essential in importance.

Dorchester.

POSITION AS AN AID TO THE REDUCTION OF IRREDUCIBLE HERNIÆ.

BY BUXTON SHILLITOE, F.R.C.S.,
SURGEON TO THE LOCK HOSPITAL.

THE following case is, I think, of sufficient interest to justify its record.

I was consulted in June last by a rather stout active lady, aged forty-eight years, mother of ten children, for an irreducible left femoral hernia. The hernia had existed for three years. No truss had been worn and no special notice taken of it. For the first year it frequently went back, but for at least eighteen months it had never returned. Recently it had given rise to some pain without any apparent increase in size. On examination I found a very tense roundish swelling, about the size of a large walnut, in the ordinary situation of a femoral hernia. Neither coughing nor change of position appeared to make any alteration in its bulk. I endeavoured for a considerable time to reduce it, but without making the smallest impression upon it, and I then sent her home, ordering her to keep perfectly recumbent, to live on low spare diet, and to take repeated doses of a saline purgative. I saw her three days after. She had kept entirely in bed, and had followed my instructions. I again attempted reduction, but without success, and I ordered the same treatment to be continued for another four days, when I again visited her, and again unsuccessfully applied the taxis; it appeared to me to be absolutely irreducible. I then explained to her that I was desirous of trying the effect of position upon the rupture, and that I wished her to remain with her head downwards some few minutes two or three times a day. She entered fully into the plan and agreed to give it a fair trial. I had a mattress placed on the floor, and I got her to slip off the side of the bed so that she rested on her elbows on the mattress, her sister and nurse, standing on the bed, holding her up by her legs. The first day she could not bear this position for more than two or three minutes twice in the day; the second day she three times remained for five minutes. On the third day I saw her, and finding no change I recommended that she should support herself sideways on her right shoulder and arm, one attendant supporting her round her waist, another taking the legs, and a third keeping the left side higher than the right, at the same time that with one hand she gently pushed the tumour in an upward direction towards the feet. For the next two days this was tried three times for five minutes at a time. On the third day, on the third trial (which was continued for seven or eight minutes) it yielded, being, as she described it, slowly dragged into its place. A truss was then fitted, and in a few days she was moving about as usual.

Frederick-place, Old Jewry, E.C.

APOMORPHIA IN CASES OF POISONING.

BY AMAND ROUTH, M.D., B.S., M.R.C.P. LOND.

THOSE liable to be called to cases of poisoning are always glad to have an agent handy which, not in itself lowering, will produce prompt emesis, especially in those cases where the jaws are rigidly clenched and the stomach pump absent or inadmissible. This agent I am sure we have in apomorphia, an alkaloid which Dr. W. Murrell has brought before the profession. Though a derivative of morphia, it has no narcotic effects in the doses required to cause emesis. Dr. Murrell recommends it to be kept in a solution of 1 in 50 strength, and to be given subcutaneously in doses of from 3½ to 10 minims (1/15 to ⅓ grain). Emesis occurs in from two to five minutes, the contents of the stomach being usually voided in one rush without previous nausea, but with violent and visible muscular action of the stomach walls. The following two cases will serve to show its utility.

CASE 1.—I was sent for to see Mrs. S——, who was said to have swallowed a white powder and to be then dead. I found her on the floor, doubled up, jaws and hands clenched, blood and froth at mouth, respiration seemed absent, and pulse barely perceptible. She had not vomited. Though evidently dying, I injected five minims of the above solution into her arm, keeping my hand on the pulse. In two minutes and a half by the watch the stomach evacuated its contents with a rush, whilst the pulse seemed to rally for an instant and then finally ceased. Oxalic acid was proved to have been the poison used, and at the post-mortem about two drachms only of fluid were found in the stomach.

CASE 2.—A lady, a dipsomaniac, had obtained access to the wine-cellar and had swallowed straight off two bottles and a half of brandy. She then put the corks in her pocket, hid the bottles, put on her clothes, and went out for a walk with her footman. She walked quite steadily for 300 yards, when she dropped down insensible, and was carried home in a cab. On arrival, ten minutes after, I found her comatose, not able to be roused, respiration stertorous and infrequent, pupils dilated and insensible, jaws clenched, pulse slow and intermitting, two or three beats in every eight. Her stomach was full of fluid. I injected 3½ drops of the solution, and in exactly three minutes and a half about a pint of alcoholic liquid was expelled, and altogether in about five minutes a quart (measured) of hardly-altered brandy was vomited. The pulse and respiration now improved, the pupils becoming slightly sensible, and I left her for two hours, by which time she could be roused temporarily. After twelve hours' sleep she awoke none the worse.

Apomorphia fails to cause emesis during chloroform narcotism, but no other drug seems to be antagonistic to it, and there is no reason why it should not be used to get rid of even morphia itself. In the dyspnœa of chronic bronchitis, emesis from apomorphia produces temporary relief. If only the certainty, rapidity, and absolute safety of apomorphia were known, it would undoubtedly form part of every practitioner's paraphernalia.

Upper Montagu-street, W.

MR. JOHN HATTON, late medical officer of the Coleford District of the Monmouth Union, has been awarded a superannuation allowance of £26 a year.

MEDICAL MAGISTRATES. — Surgeon John Roche, M.D., of Mount Clarence, Kingstown, retired, Indian Medical Service, has been placed on the Commission of the Peace for Dublin County; and Dr. Jabez Thomas has been placed on the Commission of the Peace for Swansea.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tam aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. IV. Proœmium.

ST. GEORGE'S HOSPITAL.

SARCOMA OF THE FEMUR; AMPUTATION AT THE HIP-JOINT; RECOVERY; NO RETURN OF THE DISEASE; REMARKS.

(Under the care of Mr. PICK.)

THE following case is interesting, not so much on account of the rarity of the disease, as from the fact that amputation of the hip-joint was performed for sarcoma of the lower end of the femur five years and a half ago, and the patient has remained well and free from any symptoms of a return of the disease up to the present time.

Mary Anne P——, aged nineteen, was admitted into Princess ward on Jan. 10th, 1877. Her history was as follows:—Her parents were both alive and healthy. She had three brothers and three sisters, all living and healthy. She stated that she had never been very strong, and had suffered from enlarged glands in the neck when a child. She had had measles in early life, but no other complaint, and had never been troubled with cough. She had been accustomed to live well and work hard. Catamenia had always been regular; no syphilitic history obtainable, and no history of cancer in the family. About four months previous to admission she noticed that the lower part of the right thigh began to swell, more particularly on the outer side. The right knee also swelled. About a month later the thigh and knee began to pain her very much, more especially when pressed upon, and when she moved. The swelling did not interfere with the motions of the knee-joint, and she was able to walk. She does not remember ever having received a blow or injury of any kind. The swelling did not increase rapidly after its first appearance. For some weeks she attended as an out-patient, and was treated with iodide of potassium. At first the treatment appeared to produce some benefit, the swelling got smaller and she gained weight and strength; but for a month previous to her admission the swelling increased rapidly, and she suffered from a dull, aching pain in the part, which was worse at night.

Upon admission she was found to be thin and slightly built, presenting the appearance of a strumous diathesis. There was a large, smooth and nearly uniform swelling situated at the outer side of the lower end of the femur, of the right side, about two inches above the condyle. The swelling was confined to the outer side of the shaft of the bone, on the inner side and at its lower extremity the femur could be felt to be unaffected. The skin was tense and reddened, but freely movable over the tumour, and some enlarged veins could be seen crossing over it. The swelling was hard and somewhat elastic and firmly connected to the bone, from which it could not be moved. Pressure caused pain, but no sensation of crackling or fluctuation could be felt. Now and again she experienced a starting or shooting pain through the limb. Upon placing a stethoscope on the outer and lower part of the swelling an occasional soft, blowing bruit was audible. The bruit was not constant, and could only be heard at one particular part of the tumour. At this spot, upon making firm pressure, an indistinct feeling of pulsation could be perceived. This pulsation and bruit were felt and heard for the first time on the day after admission, though they had been carefully sought for on several previous occasions. The temperature of the affected limb, especially over the swelling, felt considerably raised above that of the sound limb. There was some enlargement of the glands in the right groin, but the same condition also existed on the left side. The knee-joint was unaffected and could be flexed, extended, and rotated with perfect freedom.

A consultation was held, and it was determined to remove the limb. This was proposed to the patient, but she refused to entertain the proposition and left the hospital. She was lost sight of for a time, but again applied for readmission on March 12th, six or seven weeks from the date of her previous discharge. The alteration in her appearance was now most marked. She had lost flesh considerably and was much emaciated. There was a hectic flush on her cheeks, and her countenance wore an expression of great anxiety. She was unable to sleep on account of pain, and had entirely lost her appetite. The tumour had grown rapidly, especially in an upward direction, so that the upper margin, which was well defined, reached to within six inches of Poupart's ligament. The skin over it was red, shining, and adherent to the surface of the swelling. There was a distinct pulsation and an audible bruit. The glands in the groin were more enlarged. Amputation at the hip-joint was now proposed to the patient, who willingly accepted any proceeding which would relieve her of her intense pain. This operation was accordingly performed on March 15th by the long anterior and short posterior flap.

The subsequent progress of the case requires no comment. Her recovery was much retarded by the formation of bed-sores, the profuse discharge from which at one time threatened her life. Eventually, however, she rallied and left the hospital with a perfectly sound stump. Six months after the operation a patch of dulness about the size of the palm of the hand appeared at the upper part of the right chest, accompanied by tubular breathing in this situation, and it was found that the disease was returning in the lungs. Gradually, however, it disappeared, resonance returned, and the breath sounds again became natural. The exact cause of it was never clearly made out. At the present time (November, 1882), five years and a half since the operation, the patient is perfectly well, and there are no signs of a return of the disease. She has married, and expects shortly to become a mother.

The tumour after removal was found to be of a soft brain-like consistence and of an almost uniform greyish-white colour. Interspersed throughout its structure were numerous patches of extravasated blood. The tissue of the tumour was arranged in lobules, each of which was surrounded by a more or less distinct capsule. The whole of the lower third of the femur was destroyed and its structure replaced by the growth, which had also extended downwards into the knee-joint. The patella and bones of the leg were unaffected. The microscopical appearances were as follows:—A number of thickly interlacing spindle cells, with distinct nuclei, arranged for the most part in closely set parallel bundles. Intermixed with these spindle cells were a number of irregularly, round, nucleated cells, and in some parts the tumour consisted wholly of these. They were grouped in a delicate stroma, were irregular in shape, and contained two or three nuclei. In addition to these, there were found, here and there, large, irregularly round, multi-nucleated cells, not unlike transparent "giant cells."

Remarks.—The disease in this case appears to have belonged to the class of central tumours of bone, in contradistinction to the subperiosteal form of growth; and, as Mr. Butlin has pointed out in his Lectures at the College of Surgeons, the "treatment of central sarcoma of the femur is very much more hopeful than of subperiosteal sarcoma. That amputation high up at an early period of the disease may be undertaken with very fair prospect of success, if not of permanent recovery, at least of long relief." This case seems to bear out Mr. Butlin's opinion. Nothing could have been more unpromising at the time of the operation; the rapid growth of the tumour and the considerable emaciation which had taken place during the six weeks or two months immediately preceding it induced us to regard the case as one of a very malignant type, and to give a most unfavourable prognosis. Happily, that opinion has not been verified by the subsequent history of the case.

NEWCASTLE-ON-TYNE INFIRMARY.

GASTROSTOMY IN A CASE OF MALIGNANT STRICTURE OF THE ŒSOPHAGUS; REMARKS.

(Under the care of Dr. G. H. HUME.)

J. H——, a labourer, aged fifty-seven, was admitted on August 3rd. Twelve months previously he had first found difficulty in swallowing, and had cough and shortness of breath. He had attended at the infirmary as an out-patient from time to time, and had bougies passed, which temporarily relieved the difficulty in swallowing. At the time

of his admission he could only swallow liquids. Examination of the chest detected some dulness to the left of the sterno-clavicular articulation, and throughout the lungs a considerable amount of bronchial catarrh. An œsophagus bougie could be passed down to, but not through, a stricture situated nearly opposite the middle of the sternum. For a time after his admission a considerable amount of liquid food was taken, and, with rest in bed, the patient's condition appeared slightly to improve. But the difficulty in swallowing gradually increased, until very little could be taken by the mouth, and life was maintained almost solely by nutrient enemata. Gastrostomy was therefore determined upon; and the first stage of the operation was performed on Sept. 2nd. An incision, about three inches in length, was made an inch from the left costal margins, its direction being such as to make it terminate at the extremity of the tenth rib. The structures of the abdominal wall being divided down to the peritoneum, all bleeding was completely stopped, and the peritoneum divided on a director. The wall of the stomach, which was readily found lying below the left lobe of the liver, was taken up between the finger and thumb, and a silk thread passed through it for the purpose of holding it forward during the insertion of the sutures. These latter were nine in number, and enclosed a piece of the gastric wall, somewhat larger than a shilling. The sutures were passed into, but not through, the wall, so that they did not enter the stomach cavity; and each was passed through all the structures of the abdominal wall, so as to bring the visceral in apposition with the parietal peritoneum. The ends of the incision in the abdominal wall were then brought together.

The operation was performed under carbolic spray. During part of the operation ether was unfortunately administered instead of chloroform, and it was probably in part due to this that on the evening of the day of operation the pulmonary catarrh was considerably increased.

Sept. 3rd: Catarrh much increased, though the patient had a good night. Temperature 100° F.; pulse 86. The enemata were continued, and use was also made of Slinger's nutrient suppositories.—5th: Great thirst and hunger complained of; breathing, which has been very bad, is somewhat relieved. Temperature 99°; pulse 82.—6th: On removing the dressings the exposed portion of the stomach wall was found covered with lymph, and firm union seemed to have taken place to the edge of the incision. The stomach was therefore opened with a tenotomy knife, the incision being just large enough to admit easily a No. 10 gum elastic catheter. Some milk was poured into the stomach by means of a funnel and tube attached to the catheter. Feeding with milk and brandy and beef-tea was continued from this time at regular intervals, and the enemata were administered as before.—7th: The patient has had a good night. Temperature 99°; pulse 80.—9th: The difficulty of breathing, which had become less distressing, has again increased, and there is now a dusky appearance of the face. There is slight wandering.—13th: The patiant died.

Post-mortem examination.—The body was much emaciated; the left lung was consolidated, especially the lower lobe, and gangrenous in parts. Similar gangrenous masses were scattered through the right lung also, but were less numerous. Opposite the fourth dorsal vertebra the œsophagus was found to be constricted by an annular deposit in its wall of a scirrhous nature. This constricting ring was almost an inch in longitudinal depth. The stomach was adherent to the margin of the incision, and there was not the slightest trace of inflammation either on the peritoneum or wall of the stomach.

Remarks.—This case was, undoubtedly, in some respects, a favourable one for gastrostomy. The cancerous formation in the wall of the œsophagus was of limited extent, and had not involved surrounding structures. Probably a lengthened period might have elapsed before life was threatened by the invasion of the air-passages and large vessels. It is a matter of regret, therefore, that the operation was not performed earlier, before the patient's strength had become exhausted, and the consequent condition of the lungs developed. The operation in itself does not appear to be attended by special danger. When peritoneal surfaces are placed in accurate contact they speedily unite, so that the general cavity is shut off, and there is little risk of discharge entering it from the wound. The case only serves to illustrate the well-recognised truth that gastrostomy to be of service in prolonging life must be had recourse to in good time.

Medical Societies.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.

The late Mr. Critchett.—Hydatid Tumour of Orbit.—Panophthalmitis.—Large Ivory Exostosis of Orbit.—Hard Chancre of Inner Canthus.—Central Amblyopia in Diabetes.—Optic Neuritis.—Tortuosity of Retinal Vessels.

THE ordinary meeting of this Society was held on the 14th inst., Mr. W. Bowman, F.R.S., President, in the chair. He alluded in feeling terms to the sad loss they had sustained in the death of Mr. Critchett, in whom they mourned a warm-hearted, true-hearted colleague, and one whose calm and mature judgment, based on long and wide experience, would be missed by many in cases of anxiety and difficulty. In him Mr. Bowman had lost an almost life-long friend, and although it would be more fitting to attempt a particular enumeration of his claims on some future occasion, he could not help recalling the fact that Mr. Critchett had presided in the chair at the close of the last session. He concluded by reading the following resolutions, which had been unanimously passed by the Council: 1. "That the Council of the Ophthalmological Society of the United Kingdom desire to record their sense of the great loss sustained by the Society, as well as by the profession at large, in the death of one of their vice-presidents, George Critchett, whose extended reputation at home and abroad rested on the solid foundation of important services rendered to that department of the medical art to which he was chiefly devoted, and whose kindness of heart and excellent judgment were universally recognised and esteemed." 2. "That a copy of the foregoing resolution be forwarded to the family of Mr. Critchett with an expression of the cordial sympathy of the Council on the part of the Society under their bereavement."

Dr. P. H. MULES showed a Hydatid Cyst removed from the Orbit, the size of a pigeon's egg. The patient was a boy aged six years; the growth was difficult to diagnose, and was treated by free incision and drainage tubes. The cyst was discharged on the seventh day. Before this, however, a condition of choked disc supervened which interfered with the perfect recovery of vision; but six months after the removal of the cyst he could read.—Mr. HUTCHINSON asked if any echinococci were found in the fluid.—Dr. S. MACKENZIE pointed out that the laminated membrane of the cyst sufficed for the diagnosis.—The PRESIDENT asked whether the firm adhesion of the cyst prevented its being wholly removed at once, for it was very desirable to avoid inflammation within the orbit.—Mr. MILLES mentioned a case lately treated at Moorfields Ophthalmic Hospital where the whole cyst was readily removed, and the wound rapidly healed.—Dr. MULES, in reply, said that the cyst was very firmly adherent, and he did not think it prudent to tear it away.

Dr. MULES also gave particulars of a case of Panophthalmitis. Two or three months before the patient had undergone an operation for glaucoma, which had left a cystoid cicatrix. A panophthalmitis, which he attributed to septic absorption through the faulty cicatrix, destroyed the eye within twenty-four hours of the first symptom of purulent infection.—Mr. PRIESTLEY SMITH said that Leber had recently pointed out the dangers of such cystoid cicatrices. He had himself lately seen a case where the eye was rapidly destroyed from septic inoculation, due probably to an old wound of the iris.—Mr. BRUDENELL CARTER mentioned the case of an old lady operated upon for chronic glaucoma of both eyes, in whom suppuration occurred three years later in one eye, the pus escaping at the cicatrix. There was no evidence of inoculation.

Dr. H. A. LEDIARD (Carlisle) read notes of a case of Necrosis and Spontaneous Separation of a large Ivory Exostosis of the left Orbit. He showed the portrait of the patient, and also the exostosis itself. The tumour was stated to have been about the size of a pea at birth, and was situated between the upper eyelid and the eyebrow. It gradually enlarged, and at the age of nine years, induced destruction and rupture of the globe of the eye. The tumour ceased to enlarge at about twenty-five years of age, and, about two years later, the skin, which had hitherto covered it, suddenly gave way. The patient was admitted into the

Carnarvonshire and Anglesey Infirmary, under the care of Mr. Hughes, in 1870. He was then thirty-three years old, a sailor, and in good health. The tumour seemed to arise from the cavity of the left orbit. It was of stony hardness, irregularly pyramidal in shape, nodulated on the surface, and measured 4·5 by 5 inches; the tumour was then movable, and, whilst under observation, gradually became looser; an offensive discharge issued from the base; finally, about a month later, the whole mass became suddenly detached, without any associated pain or hæmorrhage. The tumour was pediculated, and weighed nine ounces. The neck also was much enlarged, the anterior and lateral portions being of stony hardness, the left side being on this account much larger than the right; the girth of the neck was 17·5 inches, and of this a space of ten inches was of stony hardness. In October, 1882, the patient survived, was in good health, and master of a vessel. The vision of the right eye remained good. Dr. Lediard referred to the other similar cases which he had been able to find recorded. Mr. Hilton reports in Guy's Hospital Reports (1836) a very similar case, where the exostosis, which weighed 14·75 ounces, became spontaneously detached. In a case recorded by Mr. Hutchinson in his "Illustrations of Clinical Surgery," and under his care jointly with Mr. Borlase Child in 1859, the exostosis which was of large size, and appeared to spring from the frontal sinus, also became necrosed. Sir James Paget, in his "Surgical Pathology," mentions another case of large ivory exostosis in the orbit, which projected not only forwards, but also backwards into the skull. Dr. Lediard showed a photograph of the skull in this case, which had been sent to him by Professor Humphry of Cambridge. Boyer had referred to spontaneous necrosis of ivory exotosis, and had remarked on the fortunate nature of the process.—Mr. HUTCHINSON said these tumours had slender pedicles, and if dealt with early they might be removed without much risk, necrosis being a late event. In Mr. Borlase Child's case it took an hour to saw through the neck; it should have been broken off at the root. A year later, necrosis having occurred, the tumour readily shelled out, leaving the orbit much dilated.—The PRESIDENT recalled a case where an exostosis as large as a walnut projected from the orbit; it was easily shelled out.—Dr. FITZGERALD referred to a specimen in the Museum of the Royal College of Surgeons at Dublin, much resembling that at Cambridge. In a case under his own care the tumour sprang from the roof of the orbit, but he did not venture to remove it.

Mr. S. SNELL (Sheffield) communicated notes of a case of Hard Chancre of the Inner Canthus, which occurred in a nurse-girl, aged twenty-one, who had under her special charge a syphilitic infant of five months. The chancre was noticed some few weeks as a pimple before the girl came under observation on Aug. 15th, 1882. It then involved the caruncle and adjacent conjunctiva as well as the integument of the commissure and the lids. A point of interest and diagnostic value was the presence of well-marked induration of the pre-auricular and submaxillary glands. Other symptoms were a papular, coppery rash and alopecia, ulcerated throat, and later on mucous tubercles of the vulvæ. The chancre healed with hardly appreciable deformity.—Mr. BRUDENELL CARTER had seen two instances of hard chancre on the eyelids in young subjects; the mode of infection could not be traced.—Dr. FITZGERALD had seen a case in Paris in a young girl, and had attributed it to direct inoculation.—Mr. MCHARDY suggested that inoculation might arise from the popular practice of using the tip of the tongue to remove foreign bodies from the eyes; or the use of moistened blotting-paper for the like object.—Mr. J. E. ADAMS thought inoculation generally occurred from the sore mouths of syphilitic children through kissing; and Mr. VOSE SOLOMON mentioned a case directly traceable to kissing.

Four papers on the subject of Central Amblyopia in Diabetes were read. The first was by Mr. LANG. The second was by Mr. J. B. LAWFORD, who gave an account of a case of Stationary Tobacco-amblyopia in a man subsequently affected by diabetes. The patient was forty-six and had always been a heavy smoker. His sight had begun to fail about seven years ago, and diabetic symptoms supervened about nine months ago; but his sight had not deteriorated, though the diabetes had grown steadily worse. Vision was very defective, and there was a well-marked central scotoma for red. The optic discs were a little pale, but the ophthalmoscope revealed no other morbid state.—Mr. STANFORD MORTON communicated a case of Double Amblyopia, with well-marked central scotoma for red and green, in a man, aged thirty-four, accustomed to smoke very moderately, and who was suffering from diabetes. The patient was not under care long enough (barely two months) for the result as to sight to be known.—Dr. EDMUNDS and Mr. NETTLESHIP communicated a paper on the same subject. It contained notes of four cases of central amblyopia without ophthalmoscopic changes, in patients suffering from diabetes. 1. A man aged forty, who had suffered from diabetes for several months. He smoked half an ounce of tobacco a day. Failure of sight had been noticed for one month. Vision in each eye $\frac{20}{100}$, letters 14 J. (corrected). Under treatment for diabetes, health improved, but not vision. He would not, however, stop smoking. 2. A man, aged thirty-eight, had had diabetes three or four years. He smoked half an ounce of strong tobacco daily. Failure of sight had been noticed for five months. Vision in each eye $\frac{20}{100}$ and 14 J. He died in the country three months later. 3. A male, aged forty-eight, had been the subject of diabetes during twenty-one months. He had smoked, during the last thirty years, three-quarters of an ounce of tobacco a day. He had experienced failure of sight for five weeks. Vision was $\frac{20}{100}$ and 8, J. 4. A man, aged fifty-eight, a moderate smoker, complained that his sight had been failing for eighteen months. Vision in each eye $\frac{20}{100}$ and 16 J. His urine, on examination, was found to contain sugar. Nine cases were referred to by the authors (including published ones) of failure of sight with central scotoma, in the subjects of diabetes without ophthalmoscopic changes. The authors, however, suggested that the coincidence would prove to be fairly common. Most of the patients were smokers, some of them great smokers; and it was not yet certain whether diabetes alone caused the disease, or only acted as a predisposing cause to tobacco-amblyopia. The analogy of double amblyopia to the symmetrical neuralgia in diabetes, described by Worms and Buzzard, was pointed out.—Dr. S. MACKENZIE pointed out that these cases had all come under the care of surgeons rather than physicians. He had seen two cases, one in a woman. Tobacco was an important factor in their production.—Mr. PRIESTLEY SMITH, speaking of the pathology of central amblyopia apart from constitutional or toxic causes, stated that Samelsahon of Cologne had suggested that inflammation of the central parts of the nerve at or near the optic foramen, causing the amblyopia, might depend on the distribution of the nutrient bloodvessels of the nerve, the capillaries in the centre of the nerve being more numerous than at the periphery. On this view sudden changes in the vascularity of the face from exposure to cold, &c., might through the orbito-facial anastomoses lead to congestion and inflammation of the central part of the optic nerve. Mr. Smith referred to a case in point.

Dr. S. WEST read a sequel to a case of Optic Neuritis reported by Mr. Stanford Morton in the Society's Transactions, vol. i. The patient came under Mr. Morton's care in January, 1881. Vision was then perfect, but both discs were greatly swollen; in the following month she consulted Dr. West for headache and for sudden temporary attacks of blindness. Vision began to fail in June, 1881, in the right eye, amounting to J. 2, and $\frac{1}{2}$, and the field of vision was much contracted; headache worse. At the end of July, 1881, vision in the right eye was completely gone and was defective in the left. She was very actively treated with mercury and with iodide of potassium on several occasions, but without any good result. In September, 1881, she was completely blind in both eyes. The swelling of the disc remained; atrophy gradually ensued, so that in August, 1882, the discs were quite white and extremely atrophic. In November, 1882, there was no perception of light; the pupils did not react to light, but freely to movements of the eyeball; the eyes diverged but could fix fairly well. The condition was probably secondary to some tumour of the brain, possibly a tubercular tumour, which had become stationary or retrogressive, but the diagnosis was exceedingly difficult. The case was of interest, owing to the persistence of perfect vision for about five months in the presence of extreme optic neuritis, to the attack of temporary complete blindness, to the rapidity with which the failure of vision became absolute when once it commenced, and to the entire absence of any symptoms beyond the eye changes.

Dr. S. MACKENZIE showed a drawing of the Fundus, exhibiting great Tortuosity of the Retinal Vessels, from a patient, aged twenty, who was suffering from severe vesi-

cular emphysema, œdema of the legs, and lividity. The veins in the fundus of both eyes were extremely tortuous, dark, and somewhat dilated. This condition of the veins would, perhaps, have been attributed to the venous obstruction consequent on the emphysema but for the cases recorded by Messrs. Nettleship and Benson, where the condition was noticed in otherwise healthy eyes.—The PRESIDENT had occasionally seen cases, mostly women, of small varicosities in the episcleral region, without impairment of the functions of the eye. In some other cases glaucoma eventually supervened, but he had not operated for fear of hæmorrhage, a fear which iridectomy shows to be unfounded. In some of these cases the retinal vessels also were enlarged.

Dr. EDMUNDS and Mr. LAWFORD exhibited Microscopical Sections of the Optic Nerve from a case of Amblyopia in Diabetes. The patient had been a hard smoker, and sight had been failing for about four months. No ophthalmoscopic changes were detected. He died of diabetes. The section showed changes limited to a group of fibres which extended through the length of the nerve—viz., a thickening of the connective tissue with degeneration of the nerve fibres.

Mr. JULER showed again the case of Chronic Membranous Conjunctivitis exhibited at the last meeting. The right eye had recovered under the use of lapis divinus, but the disease had extended in the left.

Mr. J. E. ADAMS showed a case of Chancre of the Upper Lid, an indolent shallow ulcer, with surrounding thickening on the under surface of the left upper lid near the outer canthus, and a very marked adenopathy on the same side. It was too early to allow of an absolute diagnosis, since no secondary symptoms had as yet appeared.

Mr. GUNN showed a girl with Peculiar Appearances in the Right Retina below the disc, probably congenital.

Mr. ADAMS showed a case of peculiar Congenital Opacity in the Capsule of the Crystalline Lens.

MEDICAL SOCIETY OF LONDON.

Microscopical Demonstration of Various Forms of Bacteria.

A MEETING of the above Society was held on the 4th inst., Mr. F. Mason, President, in the chair.

Dr. HENEAGE GIBBES showed a large number of specimens of Bacteria, including bacillus anthracis, bacillus tuberculosis, from cattle and the human subject; the so-called "typhoid bacillus," putrefaction bacilli; bacilli from septicæmia, diphtheria, sheep-pox, purples; bacilli from the Welbeck poisoning case; and the so-called infective micrococci from the spleen of a tubercular patient. A great part of the evening was spent in the examination of these specimens. After speaking in detail about the specimens and the mode of preparation employed in the tubercular cases, Dr. Gibbes drew attention to the two forms of tubercle met with in the human subject, as already defined by Klein, the reticular and non-reticular forms (specimens of bacilli in both were shown). In the former class of cases bacilli were rarely found; in his own observations in one lung out of ten, and then in the smallest numbers, singly or in groups of three or four in the meshes of the reticulum. In the non-reticular tubercles, on the contrary, bacilli were of almost invariable occurrence in large numbers, and were aggregated into masses especially to be found in the caseous centre. He was inclined to think that the latter form indicated a more acute disease than the former. Bovine tubercle was always of the reticular form, with large and numerous giant cells, the tubercles being aggregated in large masses, which are caseous in many places. In bovine reticulated tubercle, however, bacilli were abundant; found, not as in the human subject, solely in the reticulum, but partly round the edge of the caseous region, and partly in the interior of the epithelioid and giant cells. He was inclined to think that this bacillus would prove to be of a different kind from the human one. He had found the bacillus in the liver and spleen, but not in the omentum.—On the motion of the President a cordial vote of thanks was given to Dr. Gibbes for his excellent demonstration; and to Messrs. A. and J. Beck for their kind loan of microscopes.—Dr. C. T. WILLIAMS remarked on the failure, in other hands, of Koch's and Ehrlich's methods of obtaining bacilli, and the universal success of Dr. Gibbes' mode. Had Dr. Gibbes detected the bacillus in the blood? He himself had not been able to do so. By Dr. Gibbes' method he detected bacilli in the sputa of nearly all cases of advanced phthisis, but not in *all*. He thought they were most difficult to find in cases undergoing partial recovery.—Dr. R. CROCKER thought Ehrlich's process more successful than Dr. Williams represented.—Dr. HERON said that Koch's process was very difficult, and had been lately abandoned by Koch himself in favour of Ehrlich's process of floating the cover-slip in a solution of fuchsin. Fuchsin is precisely the same thing as magenta, though various specimens of either were slightly different in tint. The cover-slip was washed in nitric acid (one part to two of water), and the specimen then stained with methylene blue. This process, therefore, was practically identical with that of Dr. Gibbes', whom he personally thanked for his labours.—Mr. JABEZ HOGG thought the greatest advantage of Dr. Gibbes' method was that low powers might be used in it. The distinction between various specific bacilli was not at present clear, and it was questionable whether these bacilli of tubercle are really characteristic of this affection.—Dr. GREEN presumed that the Fellows were prepared to assume with M. Koch the essential connexion between the bacillus tuberculosis and the tuberculous processes. Was there, he would ask, any relation found between the number of bacilli and the stage of the disease? He had still to hear what the conditions were which enabled the bacillus to produce its effect.—Dr. GIBBES, in reply, said that he had not examined the blood for bacilli. His method of mixing rosaniline with aniline to form a definite compound was totally distinct from Ehrlich's. Fuchsin would not combine with aniline.

An Improved Invalid Carriage.—Transplantation of Skin in the Treatment of a Large Hairy Mole.—Talipes Varus treated by Partial Excision of Tarsus.—Bronchiectasis treated by Tapping.

AT the meeting of the Society held on the 11th inst., Mr. F. Mason, President, in the chair,

Mr. RICHARD DAVY exhibited an Invalid Carriage he had devised, capable of carrying one, or, at an emergency, six injured persons, in addition to the surgeon and the driver. The carriage was drawn by one horse, and could be shunted on to a steamer or railway-truck; was of large cubical capacity, and admitted plenty of fresh air and light; the door facing a platform for easy ingress or exit. The stretchers are comfortable and strong, and could be easily slung to the roof. Journeys not exceeding twenty miles could be undertaken by road. For the surgeon there is ample space, a floor easily cleaned, and ready means of communication with the driver. A cupboard beneath the driving-box contains surgical requisites and food. Mr. Davy commented on the exorbitant rates and bad accommodation furnished by railway companies, and stated that his carriage had been appreciated by invalids, pointing out the comfort arising from a system that required no change of conveyance in going from one place to another. The carriage was constructed by Mr. Burt, of Swinton-street, W.C.

Mr. W. PYE read notes of a case of a large Hairy Mole on the forehead treated by Transplantation of a Skin-flap from the arm. The patient, who was exhibited, was fifteen months old when admitted into the Victoria Hospital with a very disfiguring hairy mole occupying the right half of the forehead. It was plain that simple dissection or destruction by caustics would involve great risk of deformity to the eyebrow and lid, besides the unsightliness of the resulting scar. It was therefore decided to cover the wound with a flap of skin from the forearm. The flap dissected from the forearm was left attached to the wrist; the mole was completely dissected off, the arm brought up and the flap adjusted to the wound by several sutures. The arm was then fixed in position by strapping and bandaging, and the sides of the wound in the forearm were partly brought together with sutures. Within twenty-four hours the flap had united at all the joints, where it was in contact with the edges of the wound. On the third day, however, the side of the scalp became tumid, and the eye became irritated by the discharge. The flap was therefore detached from the arm on the fourth day, and after a little of it had sloughed the wound healed rapidly. There is now only a fading circular cicatrix marking the place of the original mole. The surgical interest of the case consisted in (1) the method of treatment employed, (2) the fact that the pedicle was taken from the distal side of the forearm with no ill effect, and (3) that the pedicle was divided as early as the fourth day.—Mr. ROSE had lately performed a similar operation on the hand, using

a flap of skin from the abdomen. He divided the pedicle by degrees at the end of a fortnight. Mr. Pye was to be congratulated on the flap living after so early a division of the pedicle.—The PRESIDENT remarked that wounds in children united earlier than in adults. It was fortunate that the child could be induced to keep its arm quiet. He had never divided a pedicle at so early a date. He showed two photographs of cases. In the first, a hairy mole, he had used ethylate of sodium without success, and subsequently nitric acid. In a case of artificial nose he had transplanted a large flap of skin from the forearm to the forehead successfully without any pedicle.—Mr DAVY had used for many years a very fine needle with thermo-cautery in removing hairy moles in preference to excision. In young infants, however, extensive wounds of the skin might be made without much ultimate deformity.—Mr. PYE said that he had fixed the arm with strapping and bandages, keeping the child under the influence of opium. He thought the mole could not have been removed by the thermo-cautery without leaving a large scar. The mole was raised and deep. He had no alternative between dividing the pedicle and letting the eye slough.

Mr. ROSE read notes of a case of Talipes Varus in a boy aged thirteen, who was successfully operated on by removal of a wedge of bone from the tarsal arch. Casts of the right foot were shown before and after operation, the second cast showing the foot in good position. The patient had been operated on by tenotomy four times at other hospitals without result. The operation was performed antiseptically on April 14th, and the boy left the hospital on June 3rd plantigrade. Mr. Rose brought forward the case as another link in the chain of evidence in favour of this operation, which should, of course, be restricted to cases in which instrumentation and tenotomy had failed, and where, without this last resource the patient would remain a permanent cripple. The cast of another case was shown, operated on fourteen days ago, the position of the foot and progress of the case being very satisfactory.—The PRESIDENT doubted the necessity of removing so much bone. Did Mr. Davy use Listerism?—Mr. DAVY was glad to see this operation making way, and promised to show some patients operated on by this method at a future day. The insertion of the peroneus tendon was as a rule involved. It was of no importance whether the tendon was cut or not. He did not use Listerism. He had but one death in twenty-five cases.—Mr. ROSE said his patient walked away within two months of the operation.

Dr. C. T. WILLIAMS read notes of a case of Bronchiectasis treated by Tapping. The case was that of a man, aged forty, admitted into Brompton Hospital in April, 1882, with a history of continued cough and expectoration (latterly fetid) of a year's duration following pleurisy. The physical signs pointed to double chronic pneumonia, adhesion of right pleura and numerous bronchiectases of the right lung, the spots of gurgling being seated in the second and third interspaces near the shoulder, in the fourth and fifth outside the right nipple, and posteriorly near the lower angle of the scapula. Antiseptic measures failing to reduce the fetor, Professor Marshall, at Dr. Williams' request, made a vertical incision from the fourth to the sixth rib, along a line marked out by the latter, and plunged a trocar and director (specially devised by Dr. Hicks) to the depth of four inches in the direction of the root of the lung. Air hissed out of the opening, and a quantity of fetid matter and sloughing débris was forcibly ejected. The opening was enlarged and a drainage-tube inserted. All fetor ceased, the cough moderated, the temperature fell to normal, and the patient took exercise in the garden. Nineteen days later the discharge increased and became thoroughly fetid, the temperature rising to 101·4°; there was some headache. The discharge continued, but became fetid; vomiting, followed by drowsiness and left hemiplegia, ensued, and death by coma took place on July 6th, forty-five days after the operation. An abscess was found in the left cerebral hemisphere; there was chronic pneumonia, an adherent pleura in the left side, and numerous small bronchiectases, as well as some larger ones, in the left lung, the largest, of the size of an orange, having been the one tapped. No tubercular or caseous masses were found. The case illustrated the difficulties of dealing with bronchiectasis, especially of the globular or saccular variety. By loss of their contractility the tubes were converted into mere bags of putrescent matter, which became absorbed and caused pyæmia. The diagnosis was tolerably exact, and, fortunately, the largest bronchiectasis was reached without much difficulty, and the first results of the operation were thoroughly satisfactory. He alluded to the value of a vertical skin incision over two interspaces, to allow, if necessary, a second puncture into the adjoining space, and to Dr. Hicks's director attached to the trocar and cannula, which enabled the opening to be readily enlarged for the introduction of the drainage-tube. This was the fourth case of bronchiectasis which Dr. Williams had tapped, but was the only one where death ensued from cerebral abscess; in two others septicæmia of the opposite lung was the cause. One patient was still living after two years' interval, but the chief difficulty lay in the number of operations which were sometimes necessary to establish efficient drainage.—Dr. SYMES THOMPSON said that the difficulty in these cases was that the dilatations were seldom single. In one case Dr. Williams had made as many as six incisions. The irritation of retained secretions could not be successfully overcome by inhalations.—Mr. E. OWEN asked whether Listerism was essential to these cases. In a case he had recently operated on for Dr. Broadbent, excellent results had followed without it. Was it worth while keeping germs from the wound while they could enter by the bronchi?—Mr. HUBERT SMITH thought antisepticism useful when pleural adhesion had not taken place.—Dr. WILLIAMS, in reply, said that in such cases something must be done, otherwise the fetor would render a hospital uninhabitable. He had left the surgical treatment of the case in Mr. Marshall's hands. Free drainage was the main point. It was his first care before operating to ascertain that the pleural layers were adherent.

MIDLAND MEDICAL SOCIETY.

AN ordinary meeting of this Society was held in the Birmingham Medical Institute on Wednesday, November 22nd, Dr. Malins, President, in the chair.

Dr. MALINS showed a large Cyst of the Broad Ligament successfully removed by Abdominal Section.

Mr. KENNETH MILLICAN (Kineton) exhibited some specimens of Bacilli from cases of Diarrhœa which were found in the stools of patients affected during an epidemic. The motions were not unlike those of typhoid fever, and contained small gelatinous lumps. A cover-slip smeared with these lumps, dried and then stained with aniline blue, exhibited the organisms. An interesting therapeutical point was that the diarrhœa, which resisted all ordinary methods of treatment, yielded in about twenty-four hours to the internal administration of carbolic acid and terebene, the former being given in one and one and a half grain doses every two hours, the latter in doses of from five to ten minims.—Mr. MILLICAN also showed a specimen of Bacillus Anthracis.

Dr. A. H. CARTER showed specimens of the Bacillus Tuberculosis prepared by the method of Dr. Heneage Gibbes.—Mr. MILLICAN, referring to some remarks as to the diagnostic value of the bacillus tuberculosis, said he considered Dr. Heneage Gibbes' method absolutely diagnostic for the following reasons:—(*a*) It stained the bacillus tuberculosis clearly, and did not affect the organisms found in phthisical sputum. He had tried Ehrlich's method and several stains of his own, but found that, while they certainly brought out this particular organism, they obscured the diagnostic value by bringing out also the organisms and putrefactive bacteria. Having assured himself that these organisms were present in the sputum, he then used Gibbes' method, and found that only the bacillus tuberculosis appeared. (*b*) On employing Baumgarten's method—viz., immersion in a 33 per cent. solution of caustic potash—he found this rendered the bacilli visible; afterwards by staining with Gibbes' process it was found that all the organisms took the stain. (*c*) He failed to make Heneage Gibbes' stain dye the organisms from epidemic diarrhœa, stale sputum, and stale hay infusion until after they had been immersed in the 33 per cent. solution of caustic potash; they then stained readily.

Dr. SIMON showed a series of living cases of Extensor Paralysis.

Dr. SAVAGE showed two specimens of Double Pyosalpynx which he had recently removed from two young single women. There had been a long history of pain, and in one of the patients anæmia and a high temperature, 104°. The tumours were each about the size of an orange. During removal of the tumours rupture occurred, and there was a considerable escape of pus into the pelvis; this was cleaned

out, and a drainage-tube inserted. The operations were not performed antiseptically. The patients did well.

The Notification of Infectious Diseases.

Mr. J. H. PALMER (Solihull) in moving the following resolution, "That this Society, recognising the necessity for legislation to provide for the better notification of infectious diseases, is of opinion that the duty of making such notification should devolve upon the occupier of the house and not upon the medical attendant," said that the expediency of providing legislation for the better notification of infectious diseases had occupied the attention of the profession, with whom the idea had originated, and of the public. In many private Bills which had passed into law powers had been conferred upon sanitary authorities to enforce which no one would dare to attempt. The Bill introduced by Mr. Hastings was sound in its object but faulty in detail. The duty of making the notification was one which obviously devolved upon the occupier of the house. In the Bill brought in for Ireland the duty of notifying was rendered compulsory on the occupier and permissive on the part of the medical attendant; that seemed the prudent course. Mr. Hastings' proposal that the matter should go to a Select Committee was a fair one, and showed that Mr. Hastings was quite prepared to see the question discussed in all its bearings.—Dr. GRIFFITHS seconded the resolution.—Dr. ALFRED HILL in moving an amendment combated the objection raised by the opponents of notification by medical men, such as compulsion and its alleged consequences—viz., antagonism between the medical attendant and the medical officer of health, the inquisitorial character of the duties of the latter in some cases, and the spread of disease from concealment. He showed that in many towns where the Acts had been put in operation the evil predicted had not followed, and the best results had been obtained. Compulsion of the householder had been tried in Greenock for five years, and had failed to achieve the amount of good to be expected from a compulsory system of notification. Nothing but notification by the medical attendant, either with or without the same by the occupier, would be of use. He concluded by moving the following amendment:—"That this Society sharing the views of the leading sanitary authorities, that early notification is necessary for the control of infectious diseases, and having the benefit of the experience of the large number of towns which have already put the Compulsory Notification Act into force, is of opinion that every sanitary authority should possess parliamentary powers to obtain notification from both the medical attendant and the householder or person in charge."—Dr. WILSON (Leamington), seconded the amendment, and said there could be no doubt that outside as well as inside the profession there was a steadily growing conviction that no systematic or efficient control of dangerous infectious disease was possible without early notification, and that such notification could not be uniformly obtained unless under legal compulsion. It was quite true that the experiment had been tried in various quarters, and in a part of his own district, of entering into an agreement with medical practitioners to report all cases of certain specified diseases on payment of a stated fee; and though he admitted that the experiment, so far as his experience went, had succeeded admirably, he felt sure that it would not succeed in any locality of limited area and population where the medical officer of health was allowed private practice, and could thus enter into competition with his medical brethren. He felt convinced that there could neither be promptitude nor efficiency in notifying unless the medical attendant was made responsible, although he maintained at the same time that any measure would be faulty and one-sided if it did not render the householder liable to heavy penalties if he failed to report.—Mr. GAMGEE spoke in favour of the resolution.—Mr. HENRY MAY (Aston) supported the amendment.—Mr. H. R. KERR (Halesowen), while believing compulsory notification to be necessary, objected to the onus being thrown on the practitioner.—Mr. HALL WRIGHT believed that in refusing to notify the members of the profession would be doing an injustice to themselves and to the public by shirking a responsibility that it was their duty to take.—Dr. A. H. CARTER thought there was an official and a professional side to the question, and that the members of the profession had not been treated well in the matter. The Birmingham Town Council were about to apply for a Bill compelling professional notification, and he thought that a deputation should attend upon that body before the initiative was taken.—Mr. PALMER, in reply, stated that he regarded compulsory notification as the thin end of the wedge. The amendment was then put, and carried by a large majority, and subsequently as a substantive resolution.

NORWICH MEDICO-CHIRURGICAL SOCIETY.

THE second meeting of this Society was held at the Norfolk and Norwich Hospital on Dec. 5th, the President, Dr. Barnes, in the chair.

Dr. EADE showed a specimen of a Phlebolithe, the size of a hazel nut. A lump had existed on the lower part of the right leg of a woman for thirty or forty years, ulceration occurred, and the concretion was discharged; it weighed twenty-nine grains. The portion insoluble in water consisted of phosphate of lime, with traces of phosphate of magnesia and some carbonates; the soluble portion consisting of the chlorides of sodium and ammonium, and some sulphates.

Mr. D. DAY exhibited a Dissection of a Double Fœtal Monstrosity, of which the following is a brief description. The heads and limbs are perfectly formed. The bond of union is the front of the thorax and upper part of the abdomen. The ribs are united on each side to a complete sternum, which is symmetrical; the lungs are normal; and there is one umbilical cord. The heart is single, in a single pericardial cavity; the auricles are distinct, the ventricles completely blended; the vessels at the base are quite distinct; and there are two inferior venæ cavæ. The diaphragm and liver are common to both. Close under the liver are two stomachs, the intestine beginning by a fusion of the two pylori; for sixteen inches it is single, it then branches into two, and the remainder of the intestines run a normal course. The umbilical veins divide as soon as they enter the abdomen, half going to each side.

Dr. BATEMAN showed a specimen of Ovarian Disease, complicated with Hydatids of the Liver. Against advice, the woman persisted in going to the w.c., and was there seized with an attack of syncope, from which she died.

Dr. MALLINS recorded a case of Jaundice, caused by a round worm obstructing the common bile duct.

Mr. LYDDON reported a case of Removal of Foreign Bodies from the Ears after twenty years' impaction; from one ear a pearl button, and from the other an iron dress-hook, which removed by iridectomy forceps. No structural changes had taken place in either ear, and the hearing was perfect.

Mr. H. TURNER read notes of a case of Rheumatic Fever which, while apparently progressing satisfactorily, terminated fatally in two hours, with cerebral symptoms (the patient was taking fifteen grains of the salicylate of soda every six hours). The cause of death was believed to be meningitis.—Dr. EADE also described three cases, with cerebral symptoms, he had seen in consultation about the same time (September), no cases of the kind having occurred in his practice for several years.

Reviews and Notices of Books.

Report on the Scientific Results of the Voyage of H.M.S. "Challenger" in 1873–76, under the Command of Captain George Nares and Captain Frank Thomson. Prepared under the superintendence of Sir C. WYVILLE THOMSON, F.R.S. Vol. III.: Zoology. London: Longmans and Co.; John Murray; Macmillan.

THIS volume contains a report on the Echinoidea, dredged in the course of the voyage, by Alexander Agassiz; and a report on the Pycnogonida, by Dr. P. P. C. Hoek, assistant at the Zootomical Laboratory of Leyden University.

Agassiz states that a careful comparative study of the new species collected by the *Challenger* and by the *Blake* seems to make a short revision of some of the principal lines of the recent and fossil Echinids desirable, as, from our present knowledge of the affinity of the Echinoides, several groups formerly considered somewhat aberrant can now be shown to be closely connected. The consideration of this group

could have passed into no better hands than those of Alexander Agassiz, for he possesses an extensive acquaintance with both the recent and fossil specimens, and has himself examined all but a few of the deep-sea species, whilst he has had the further advantage of describing the first important collection of deep-sea echinids made by Count Pourtalès. He holds that the artificial classification of the Echinoidea at present accepted is unsatisfactory, because based upon characters of such uncertain value as the presence or absence of teeth and of actinal cuts. He founds his classification of the echinids on that of Lovén, which he regards as by far the most ingenious that has yet been proposed, and who has suggested a most admirable notation to denote the several ambulacral and interambulacral areas, which simplifies to a remarkable degree the comparison of the various types. The number of fossil species is about 2000, whilst there are not more than 300 recent, and about one-third of the whole number of known species have been discovered since the days of deep sea dredging; but the difficulty of tracing the genealogy of these is almost insuperable, for, as he shows, the number of variable terms are at least twenty—viz., the apical system, the actinal system, the genital, ocular, anal, and coronal plates, the ambulacral and interambulacral areas, the poriferous zone, the primary, secondary, and miliary tubercles and their corresponding spines, the modifications of the poriferous zone near the apical and actinal systems and on the test; the fascioles, jaws, alimentary canal, the position of the apical system, of the anal system, of the actinostome, and the modifications of the same; and when we consider that these may be combined in all possible ways, it is hazardous, to say the least, to attempt anything beyond the broadest indications of the outlines of the relationship.

The study of the Echinids dredged by the *Challenger* has shown very plainly the antique character of many of the deep water species, and their resemblance to Cretaceous genera, and Agassiz points out many noteworthy relationships. He remarks that in comparing the Tertiary fossil Echinids of the European beds with the species now living in the West Indies, it is impossible to avoid being struck with the similarity existing between them. Thus the species of Cidaris, Clypeaster, and others, which are found in the Tertiary beds of Malta, are no longer found in the Mediterranean, having undoubtedly disappeared from that sea as soon as it became closed, and the temperature of the water became raised above that of the ocean; while, on the contrary, where the oceanic conditions have not undergone any great change, we find a remarkable identity in the genera of the Tertiaries and of the surrounding deep sea, as can be easily seen by comparing the Tertiary West Indian types of Echinolampas, Agassizia, Brissopis, and others, with the species of the same genera now found in the deep waters of the Caribbean Sea and Gulf of Mexico.

The number of deep sea species discovered by the *Challenger* appears to have been forty-nine, whilst forty-one were discovered by the *Blake*, *Porcupine*, and *Josephine*. The plates are sixty-four in number, many of them representing several forms.

We must refer to the original for the descriptions and beautifully executed lithographs of the numerous new species collected by the *Challenger* and the *Blake*. Many interesting facts are related in the account of each genus and species. Thus, under "Goniocidaris," he quotes Thomson's "Voyage of the *Challenger*," to the effect that the eggs, after escaping from the ovary, are passed along on the surface of the test towards the mouth, and the smaller spines articulated to the tubercles round the peristome are bent inwards over the mouth, so as to form a kind of open tent, in which the young are developed directly from the egg, without undergoing any metamorphosis until they have attained a diameter of about 2·5 mm. Even before they have attained this size the more mature or more active of a brood may be seen straying away beyond the limits of the nursery, and creeping with the aid of their first few pairs of tentacular feet out upon the long spines of their mother; after a short ramble they return to the marsupium.

In regard to the Pycnogonidæ the results of the *Challenger* dredgings are most satisfactory, for it appears that of the forty-one species obtained during the voyage of the *Challenger* and the cruise of the *Knight Errant*, thirty-three are new to science, and of the nine genera represented three are new. The pycnogonidæ are long limbed aquatic animals, distantly resembling a spider or a "daddy longlegs," or a spider crab. They breathe by the general surface of the body, which body consists of a cephalo-thoracic segment, three thoracic segments, and rudimentary abdominal segment. They have a proboscis and three pairs of cephalic appendages, of which the first represents antennæ, whilst the two others are post-oral. The thoracic part of the cephalo-thoracic segment and the three thoracic segments are each furnished with a pair of long eight-jointed legs, into which the alimentary canal sends off long cæca. The nervous system shows a supra-œsophageal and five thoracic ganglia. The eyes are feebly developed in the deep water species, but rather highly developed in the shallow water species. The sexes are separate. The paper is illustrated by twenty plates, seven of which are devoted to the elucidation of the internal structure of this curious group of animals.

Nice and its Climate. By Dr. A. BARÉTY. Translated, with additions, by CHARLES WEST, M.D.; and an Appendix on the Vegetation of the Riviera, by Professor ALLMAN, F.R.S. 8vo, pp. 160. London: Stanford. 1880.

THIS volume is one of a class which we should be well pleased to see multiplied. It has been written, not with a view to extol Nice as the only suitable winter resort for invalids, but with the desire to furnish the profession with reliable information on the subject of the climate, and its therapeutic effects upon different diseases. With this object Dr. Baréty first gives an account of the essential conditions governing the climate of Nice; the invariable, as topography, soil, air, &c., and the variable, including the temperature, barometric pressure, winds and rainfall, and its suitability for invalids. In this portion of the book he lays down some excellent hygienic rules, which well deserve the perusal of all medical men who send patients abroad for change of climate, and the careful study of all who are obliged to seek winter health-resorts. "They who come to Nice for their health must not forget the risk to which a participation in these pleasures [the opera, the theatre, concerts, and balls] exposes them, and, if they are wise, will consult their medical attendant as to the degree in which they may indulge in them, as much as concerning the remedies they should employ, or the regimen they should observe." He then proceeds to a consideration of the influence of the climate as a remedial agent, pointing out in detail the class of cases likely to derive benefit from residence in each of the three climatic zones into which he divides the territory of Nice, and especially its influence on the various forms and in the different stages of phthisis. In the third part, comprising a description of Nice and its neighbourhood, Dr. West has, by permission of M. Lenthéric, incorporated the description given in "La Provence Maritime" with that of M. Baréty, and has thereby added much to the value of the work as a guide-book. He has also, with the consent of the author, appended a sketch of the vegetation of the Riviera contained in Professor Allman's anniversary address as President of the Linnean Society in 1880. The book has been translated by Dr. West with that care which always characterises his work, and he has added to its value by the notes he has interpolated.

Madeira: its Scenery, and how to see it. With Letters of a Year's Residence, and Lists of the Trees, Flowers, Ferns, and Sea-weeds. By ELLEN M. TAYLOR, 8vo, pp. 261. London: Stanford. 1882.

THIS volume does not treat of Madeira from a professional point of view, nor does it afford any information as to the influence of its climate upon disease, but it is an excellent handbook for visitors to the island, or for those who desire to make a more prolonged residence in it. It contains all the necessary information as to the means of getting there, and the mode of life in hotels, lodgings, or a hired house. Full details are given to enable the visitor to make excursions to all the most beautiful parts of the island, and the volume abounds in information respecting its flora. In addition to a good description of Funchal and of its various public institutions, there is much that is interesting respecting the past history of Madeira. The volume appears remarkably well adapted to the purpose for which it was written—that of a handbook which will furnish all the information necessary for a stranger visiting, or intending to reside in, Madeira either for health or pleasure.

The Physicians' and Surgeons' Visiting List, Diary, Almanack, and Book of Engagements for 1883. Thirty-seventh year. London: John Smith and Co.

THE return of Christmas reminds us that we must renew our visiting lists, than which nothing contributes more to the easy and methodical discharge of medical duty. Of these none holds its ground better than Smith's, which this year, amongst its new features, has a useful list of so-called "American Eclectic Remedies" and other doses, which is not always to be found in available works of materia medica. The doses of remedies do not always correspond with those given in the Pharmacopœia. Sometimes a larger dose is recommended than that of the Pharmacopœia, as in the case of ext. nuc. vomic.; sometimes a smaller, as in the case of tinct. conii. We think it would be better to give the Pharmacopœial doses. The book is full of useful tables, including one of corresponding degrees on different thermometric scales, one of days of incubation of eruptive fevers, &c., and is altogether too well known to need further commendation.

THE LATE SIR THOMAS WATSON.

ON Friday, the 15th instant, the remains of Sir Thomas Watson were conveyed in a plain coffin of polished oak, without other covering than a large floral cross, from the residence of his son to the burial-ground attached to the Reigate parish church. At the entrance of the churchyard the procession was met by the clergy and a surpliced choir, who chanted the opening sentences of the service. The greater part of the service, including the singing of the two well known hymns, "Lead kindly light" and "Ten thousand times ten thousand," was performed within the church. There was afterwards a procession to the grave, the bare earth of which had been concealed from view by a lining of evergreens and flowers. Amongst those forming the procession were the son and heir of the deceased Sir Arthur Watson, Lady Watson, Miss Watson, the two sons and two daughters of Sir Arthur and Lady Watson, and Captain Watson, a nephew of Sir Thomas. The medical attendants of the deceased were all present—namely, Dr. Walters, Dr. George Johnson, Mr. Lister, Dr. Greenhow, and Dr. Holman. The College of Surgeons was represented by the President, Mr. Spencer Wells, and the College of Physicians by the Registrar, Dr. Pitman. Sir William Jenner wrote to express his regret that he was unavoidably prevented from attending.

The attendance of many London physicians and surgeons was prevented by the distance from town, and by the wintery weather, which deters many elderly and not over-robust men from attendance at a funeral. Sir James Paget was prevented from attending by an important engagement at the College of Surgeons.

The remains of the revered physician rest near those of his sister, who died about two years ago. In the brief written instructions which he left he chose this as the place of his burial, since he could not, as he would have wished, be buried by the side of his wife, whose remains, in September, 1830, were deposited in a burial ground at St. John's-wood, which has since been closed.

The Rev. Mr. PAGE ROBERTS, preaching last Sunday in St. Peter's, Vere-street—a church so much frequented by medical men as to have received the name of "the Doctor's Church"—said: "The life of a good man is moral vitality poured into the blood of the next generation. Such a life as that of Sir Thomas Watson is a blessing diffusing itself through humanity, and is still more influential in the profession which he adorned. I am but little fitted to pay a worthy tribute to his memory. A misfortune I shall ever consider it that my acquaintance with him was but short and my intercourse with him intermittent. In this church there are many more fitted than I to do him honour. In one way only am I as fitted as they, and that is in as tender and reverent a devotion to his memory. I know not what he was in the maturity of his powers, but in advanced age he put forth a spell of fascination, and 'virtue went out of him.' There are some words of his with which he concluded his lectures on the Principles and Practice of Physic which reveal his character—'That by the humane exercise of our noble calling you may do good in your generation to others, and so to yourselves, is my earnest desire and prayer.' Here we have the spirit in which he held his calling should be fulfilled, and the piety which was the natural breathing of his mind. His calling he felt to be noble; it concentrated his energies and filled his mind, and made him always do his best. In his own words, he felt it 'worthy the devotion of a lifetime.' He could not degrade that high calling by pretence of manner and remunerative plausibility. If ever a man was unstained by charlatanry and unacquainted with the arts of a properly qualified impostor, it was Sir Thomas Watson. In the minutes of a life of a once famous doctor and still prized man of letters—Sir Thomas Browne—whose 'Religio Medici' will be read with pleasure when most of the popular books of to-day are forgotten, his biographer says that 'had it been his province to preach his funeral sermon, he should have taken his text from an uncanonical book. Honour a physician with the honour due to him for the uses which ye may have of him: for the Lord hath created him. For of the Most High cometh healing, and he shall receive honour of the King. The skill of the physician shall lift up his head, and in the sight of great men he shall be an admiration' (Ecclus. xxxviii. 1, 2, 3). Sir Thomas Watson was a physician indeed, and the honour he received was his due. The distinguished members of his own profession did him reverence; rivalry was impossible in the presence of such open-minded modesty. 'Quite the right man' said the Prince Consort of him, with his keen perception, as he lay upon the bed from which he was no more to arise, and from his Sovereign he received that gracious recognition which men who do worthy work so justly prize, and to the last that rewarding notice never failed. His noble calling Sir Thomas Watson exercised 'humanely.' There are members of it who are charged by some with inhumanity, because, in the service of humanity they seek knowledge by methods which many sensitive minds condemn. Give me the freedom of opinion which you all take for yourselves, and I must say I cannot charge such servants of humanity with inhumanity because they put men first, and subordinate all below man to his well-being. Wanton cruelty, I am sure, is rare, and is worthy of condemnation. The cruelty of unfertile

curiosity cannot be frequent among men who know too much of pain, and are too eager to alleviate it willingly to inflict it. I am convinced that Sir Thomas Watson, profoundly humane as he was, would not have dissented from this opinion I have been so bold as to express. But when I use his own word 'humane,' I mean that he was benignant. He had a graciousness, a sympathy, a quickness to understand, a liberal openness of mind, and a gentle, assuring courtesy, which gave courage to those who came to confide in him, and at least did somewhat to alleviate the alarms which add fresh burdens to those of disease. He could not be ill-mannered; he could not forget what was due to others; above all, he was a deeply religious man. 'It is a common speech,' says an old writer, 'ubi tres medici duo athei.' Three doctors, two doubters. But it is not hard to explain why doctors are regarded by people who do not think as indifferent or opposed to religion. Very often they have had to set themselves in opposition to teachings and practices which were connected with religion, and thus they were held to be attacking religion itself. The very moment medicine began to distinguish itself from magic, that moment it must have excited the enmity of the professors and practisers of magic, who were generally priests. 'Doctors,' says Mr. Mathew Arnold, 'are the natural friends of lucidity,' and he defines lucidity as 'the perception of the want of truth and validness in notions long current, the perception that they are no longer possible, that their time is finished, and they can serve us no more.' Rational medicine became possible when at length charms and incantations were seen to be worthless, and rational medicine must at first have been looked upon as a rebellion against religion. Then, again, the study of physical science, which includes that of the human organism, was looked upon for generations with suspicion, and Christian ecclesiastics, and even a Pope, fell under suspicion of heresy, because of his scientific investigations. The same dark shadow could rest upon the doctors and would do much to deter earnest Churchmen from adopting the medical profession. It fell, therefore, into the hands of Jews and Arabs, among whom lived on the traditions of Greek schools and freer days; and it has been said that 'in the eleventh century nearly all the physicians in Europe were Jews' (Draper). But Arabs and Jews, to the Church, were infidels—in other words, doctors were infidels; and men have gone on saying this, or something like it, until the present day. But, speaking from a fairly large experience, I should say the contrary. Instead of less, I have seen more reverence and piety of soul among doctors than among other classes of men. And I should naturally expect it. 'These men see the wonders of the Lord.' Foppery and frivolity may have no feeling, and fools may say there is no God; but intellectual eminence gives a man a vision denied to the vacant and the idle. Sir Thomas Watson was a truly and unaffectedly religious man. For many years, how many I know not, each Sunday saw him in this church, and to the last his venerable devotion was expressed at the Lord's table. Various were the sides of truth which were presented to him in the ministry of this church, but I am sure that to all he gave the consideration of a temperate and unprejudiced judgment. That which he could take he took, and at least his prayers always overshadowed him with benediction. 'I have no genius for disputes in religion,' he might have said, with Sir Thomas Browne. 'He was a man of peace, and the blessing of the peace-maker is his.' 'The profession of medicine,' he said, 'having for its end the good of mankind, knows nothing of national enmities, of political strife, of sectarian divisions.' I cannot more fitly close this sermon than in words of his own which were spoken on the death of his friend Dr. Peter Mere Latham, and which I will say of himself, 'Ripe in years and ready in spirit for the solemn change, his death must long be the subject of tender and sacred regret among the nearest and dearest of his surviving friends; nor will his memory soon cease to be reverently cherished throughout a much wider circle.' Not as 'water spilt upon the ground,' is the life we seem to have lost. His are the two immortalities which are granted to the good. And specially let me say to you members of the medical profession, to so many of whom it is my great privilege and responsibility to minister, that life of nobleness is still with you, and will be with those who shall come after you, even when no conscious memory of it remains; and that you, too, may reach that high life over which death hath no dominion, is the 'earnest desire and prayer' of your friend and pastor."

DR. MOXON'S LECTURE ON "FEVER."

To the Editor of THE LANCET.

SIR,—Will you grant me space while I venture to make what appears to me a needful remark on a point in Dr. Moxon's attractive lecture on "Fever," which we have all read in your issue of Dec. 2nd.

I allude to his criticism, severe in form, though in manner gentle, delivered on a definition of "fever" occurring in a book which the lecturer and most of us regard as "the best recent work on medicine." And here I would ask Dr. Moxon's pardon if I wrongly take his remarks so much *au sérieux*, as his many readers have doubtless done, from the prominence both of the lecturer and the lecture. I would plead, as my reason for writing, the simple desire of attempting to counteract the very false impression likely to be produced by this somewhat plausible attack on a very solid work.

In a passage reminding one a little of a "logic paper" in an examination, Dr. Moxon treats with some derision a definition of fever which he appears to quote from the work alluded to, as follows: "By the term fever is meant that abstract condition which is common to all so-called febrile disorders, and the presence of which gives them claim to that designation"; and he proceeds to accuse the writer of the confessedly unpardonable sin of including in the terms of his definition the very thing to be defined. But an accurate quotation of the original deprives that seemingly formidable criticism of all its terror. Dr. Moxon's edition of it is garbled and imperfect; garbled unintentionally, no doubt, in that certain inverted commas (in this instance of logical importance) are ignored; imperfect, in that an essential part of the definition is altogether omitted. Here is the original author's own statement: "By the term fever is meant that abstract condition which is common to all so-called 'febrile disorders,' and the presence of which gives them their claim to that designation. Essentially it means undue elevation of temperature, the immediate or proximate cause of that elevation, and the consequences which these conditions entail." A moderately careful reading of this will show that Dr. Moxon has resorted to the time-honoured and classical device of setting up an imaginary adversary in order to have the pleasure of knocking something down. The term "so-called febrile disorders" is obviously used in this well-known book on medicine as a condensed formula to express conveniently the series of diseases—typhus, typhoid, variola, scarlatina, &c.; this being clearly shown by the words "so-called" and the inverted commas, which mark the term "febrile disorders," both of which are ignored by Dr. Moxon. Had the author of the book in question given his list of diseases explicitly, instead of having recourse to a grouping mark or formula, the airy shaft of his critic could never have been shot at all, for it would have lacked even the formal plausibility that it now possesses. The definition in the book as it stands is certainly clear, and, as far as I can see, guiltless of any logical flaw.

For his well-timed and brilliant attack on the frequent and unsavoury medical bulletin, which gives a bad taste to the reader, as a necessary consequence of that evinced by its signatories, Dr. Moxon has the cordial thanks of the profession at large. Such a serious warning, however, would have sounded farther and more solemnly had it not been set in the midst of the digressive logomachy of this extraordinary and very interesting lecture.

I am, Sir, yours faithfully,

H. DONKIN.

Upper Berkeley-street, Portman-square, Dec. 13th, 1882.

PROVIDENT SURGICAL APPLIANCE SOCIETY.—On the 14th inst. the decennial festival of this society was held in the Cannon-street Hotel. The chairman, in proposing the toast of the evening, stated that, whilst formerly it was the practice to extend aid to those only who succeeded in obtaining the requisite number of subscribers' tickets, now applicants were relieved from this irksome and difficult requirement. During the ten years of the Society's existence 25,000 surgical appliances had been distributed. In the course of the evening the receipt of £450 in subscriptions was announced,

THE LANCET.

LONDON: SATURDAY, DECEMBER 23, 1882.

THE action of the English Royal Colleges in the direction of combining for the establishment of a complete conjoint medical and surgical examination continues. As we reported last week, the Council of the Royal College of Surgeons has appointed seven delegates to confer with an equal number of representatives of the Royal College of Physicians. The eminence of the members chosen by each body is a further proof of the earnestness of these corporations. Many persons will think that in the circumstances of the present moment, with a Government disposed to legislate on the lines of a Royal Commission appointed by itself, and a case ripe for legislation, the Royal Colleges might have waited a few weeks for the final decision of the Government. The English Corporations, and notably the Royal Colleges, have shown a great deal of public spirit and disinterestedness of late years in urging legislation to compel the formation of a Conjoint Board in each division of the kingdom. It would have been natural for the English Royal Colleges to assume that the conjunction which they have all along advocated was about to be accomplished with the help of a strong Government and the concurrence of a large majority of the profession. But it would seem that they see nothing in the actual situation to forbid them from preparing to co-operate. It is undeniable that in itself the conjunction of the Royal Colleges will be a good thing. It will unify the portal by which the majority of English students enter the profession. It will abolish, as far as England is concerned, the system of half-qualifications, which has had an absurdly long life, and which, when once abolished, will be regarded as still more absurd than it even now appears. There is something, too, in this projected Board which has great significance and satisfaction for medical reformers. One corporation will be conspicuous by its absence in it, and will, in fact, be quietly dropped out of existence. The Apothecaries' Society will become a thing of the past as far as the medical profession is concerned. Having lived to do a duty neglected by the College of Physicians, its *raison d'être* disappears when the College resumes its duty. It will, indeed, remain open to anyone desirous to label himself apothecary to repair to "the Hall," as his forefathers have done for a couple of generations, but few such pilgrims will be found among those who succeed in obtaining the diploma of the conjoined Colleges. We take this disappearance in England of an altogether superfluous corporation as an earnest of what will happen both in Scotland and in Ireland.

But whatever may be the good done by the conjunction of the Royal Colleges in England, there is one thing that it will not do—it will not supersede the necessity for legislation; it will not remove the competition downwards of rival Bodies or of rival Conjoint Boards. A conjunction of Royal Colleges is in itself no guarantee of a satisfactory examination. The examinations of the Conjoint Corporations of Scotland have suffered in reputation more than any other examinations by the ordeal of inquiry of the Royal Commissioners. Even if the examination of the English Colleges were in itself satisfactory, there would be no guarantee that the examination of the Conjoint Boards of Scotland would be equal to it. The very excellence of the English examination might and would drive men elsewhere to an easier one, so long as it can be found. And it will be found till legislation reduces the number of Boards to three, that can be easily supervised, and provides other securities for a rough equality in the licensing examination of each division of the kingdom. So far, then, from the creation of such a Conjoint Board as is contemplated by the two Colleges in England superseding legislation, it will increase the urgency of the need for it.

THE time has arrived when it is necessary, in the interests of public safety and professional honour, to speak out on the subject of the employment of "unqualified assistants." We are not insensible to the exceeding difficulty of the position in which a considerable section of the medical fraternity is placed. Poor-law appointments are so miserably salaried, and the lives of medical practitioners in many districts are so hard, and involve so great a struggle to make both ends meet, that it will be a very heavy tax on the profession as a whole, and a crushing burden on many of its most hard-working members, to put an end, once and for all, to the employment of unqualified assistants. Nevertheless, the sacrifice should be made. It is unfair to the sick to place their welfare and even their lives at the jeopardy of unskilled treatment, and it is not consonant with the honour of our high calling to allow patients to suppose they are receiving qualified advice and assistance, when, as a matter of fact, they are being attended by incompetent, or at best unlicensed, practitioners. The profession as a whole has no adequate notion of the extent to which the employment of unqualified assistants has been carried. In many of the "populous districts," and lower neighbourhoods of our large cities and towns, from the metropolis downwards, the bulk of the heavy work has been done by persons of this class, either under the guise of studentship, apprenticeship, or some such flimsy pretence. This is a great evil, and we are glad that attention has been publicly called to the matter, so that it only now needs a little earnest and plain speaking to secure its discontinuance before worse troubles than those which have already arisen occur.

One of the difficulties which will attend the endeavour to reform the mode of practice by unqualified representatives—and it must be reformed altogether, and quickly too,—will be found to lie in the danger and disadvantage of extinguishing the class of "private pupils." Although apprenticeship has almost died out, there has been, and is, a widespread clinging to the notion that youths ought to be trained to the art and mystery of medicine by the personal tutelage of a practitioner. We must confess to a strong belief that this notion is well-grounded. Young men who have never done more than attend lectures, dissect, and "walk the hospitals," to use an old-time phrase, are not initiated into the detailed work of a "practitioner"; they can really know nothing about *private* practice. How should they? Except by hearsay they can have no possible acquaintance with the

routine work of the busy family attendant. A thousand and one little questions of personal treatment—many of the highest practical moment—never crop up at a hospital, especially a hospital conducted on the modern principle, with a "nursing" department administered by women. We may go further, and assert that the great bulk of minor maladies, such as those of children and women, the "colds," teething-troubles, nursing-difficulties, and such simple ailments as infantile diarrhœa, tooth-rash; and even measles, whooping-cough, the mumps, and slight but troublesome gastric disturbance, are not seen at the hospital! These minor maladies are many, and constitute a vast *terra incognita* to the college and hospital trained student. He knows no more—can know no more—of them than a modern art student knows of the business of grinding and mixing his own colours. There is only one way of learning the practical business of "a family doctor," and that is by direct personal observation and training under a practitioner. Not even dispensary practice—excellent as that is in its place—will suffice to qualify the tyro in medicine for the work before him as "a general practitioner." It is a matter of daily observation and experience that the men who have had the training to which we point are incomparably better furnished for the discharge of medical duties, even in the highest walks of the profession and the most exclusive practice as consultees, than those who have begun at the top of the ladder and undertaken the onerous and difficult task of giving advice to others before they have first mastered the rudiments of their professional work, and gathered *experience*—for the lack of which nothing else can possibly compensate—by acting under personal direction and being advised.

Now, it must be obvious that if young men are not to practice until they are qualified, some arrangement will have to be made by which a term of supplementary final pupilage may be entered upon immediately after passing a qualifying examination. To the adoption of this method we have often pointed in THE LANCET. It would be an admirable and convenient plan for young men entering the profession to pass some months in the service of a general practitioner after the first qualification has been obtained. If this practice should find favour with students, one great difficulty in the way of wholly discontinuing the employment of unqualified assistants would be removed. We do not think the services of those unfortunate men who, having failed to "pass," hire themselves out as "unqualified assistants," are so highly valued by the profession as some writers on this subject seem to suppose. Practitioners would gladly get rid of the unsatisfactory representatives to which we refer if only they could obtain the aid of young qualified men fresh from the schools. We look to this solution of the difficulty for a way to the needful reform.

A DISTINGUISHED German pathologist, Dr. AUFRECHT, has for some time maintained the opinion that all forms of diffuse nephritis begin in a similar manner; and that in all, even the interstitial variety, the inflammatory process is essentially "parenchymatous," and starts from the epithelium of the glomeruli and urinary tubules. In support of this view, he published some time ago a series of experiments on temporary ligature of the ureter. He found that the first effect was to be observed in the epithelium, which became granular and cloudy, and gave rise to fibrinous tube-casts. During the first few days the interstitial tissue of the kidney was perfectly normal, and only on the fourth day was there a dilatation of the Malpighian capsule, whilst the cellular elements between the tubules presented a swelling of their nuclei. Subsequently the walls of the vessels became increased in thickness, chiefly in consequence of a swelling of the adventitial and muscular layers. At the same time further changes could be perceived in the epithelium of the urinay tubules. The epithelial elements became transformed into small pale cells with a distinctly visible nucleus. They did not, however, appear to perish, although the interstitial tissue subsequently increased in bulk in consequence of the swelling of the nuclei, and cell multiplication, with a corresponding narrowing of the lumen of the tubules. Thus by ligature of the ureter a morbid process was set up, ultimately interstitial, but beginning distinctly in the intra-tubular epithelium. REIGERT has urged that the interstitial changes are secondary to destruction of the tubular epithelium; but in these cases the epithelium persisted, although in an altered condition, while the interstitial changes were being established.

STRAUS and GERMONT, in France, have recently also studied the effect of ligature of the ureters in the guinea-pig. They did not, however, find any interstitial changes, and are inclined to attribute the absence of these to the strict antiseptic precautions observed in their experiments. Where such precautions are not observed, micro-organisms may find entrance; and through these, directly or indirectly, the interstitial process may be produced. This objection cannot, however, be allowed much weight. It is a gratuitous assumption to suppose that micro-organisms are capable of producing such effects and no others, and quite illegitimate as a means of explaining a discrepancy between the results obtained by two sets of experimenters. The French observers have, moreover, confirmed AUFRECHT'S observations on the mode of origin of tube-casts by the production from the epithelium of separate clear spherules, and their union within the tubules. They have also confirmed the thickening of the adventitia and muscular coat of the smaller vessels, and the thickening of the membrane propria.

But the evidence which AUFRECHT has adduced to show that in one form of diffuse nephritis the morbid process commences within the tubules cannot be regarded as necessarily applicable to all forms of renal inflammation. Experimental evidence is needed regarding the process in other forms of nephritis, which proceed to a greater degree of structural change than that which follows the transient ligature of the ureter. Some further evidence AUFRECHT is now in a position to supply. In a communication to the *Centralblatt für die Med. Wissenschaften*, in which he reviews the facts above alluded to, he states that by the subcutaneous injection of small quantities of cantharidin, suspended in oil, he has succeeded in producing almost all forms of nephritis—the so-called acute parenchymatous form, the diffuse parenchymatous-interstitial form, and even the contracted kidney, with granular surface and marked depressions. All these varieties of nephritis were produced by the

same method, the only difference being that to give rise to the contracted kidney the injections of cantharidin had to be frequent. As a rule, the largest and strongest animals required the greatest number of injections; but in one case, a single injection in a rabbit which had just completed a period of lactation set up an acute parenchymatous nephritis, which was fatal. This interesting pharmacological fact has afforded AUFRECHT the opportunity of studying the evolution of these morbid states. In the earliest stage the glomerular epithelium was found to present considerable swelling, and was separated from the wall of the capsule. The tubular epithelium was cloudy, swollen, and contained clear refracting bodies, which, becoming free, produced tube-casts, just as in the case of ligature of the ureters. Subsequently the epithelium of the glomeruli became swollen, as well as the nuclei of their vessels. That these changes are really inflammatory is shown by the appearances presented in a further stage, when it deserves the name of "parenchymatous-interstitial nephritis." The changes in the epithelium of the convoluted tubules were manifested in a still more considerable degree. The cells were small, flat, and pale, but were nowhere absent, though some of the glomerular epithelium had disappeared. The vessels contained little blood, as if the swelling of the nuclei had prevented the passage of the blood into them. The interstitial tissue was, however, increased in area in all parts, in consequence of swelling of the nuclei, especially between the convoluted tubules and in the neighbourhood of the glomeruli. There was no indication of an excess in the number of cellular elements in the interstitial tissue, or of any migration from the vessels. From these facts AUFRECHT concludes that the changes must be ascribed to a specific affinity of the cantharidin to the epithelium, exciting in the latter some chemical process, which ultimately influences also the interstitial tissue in the way described.

Granular degeneration of the kidney, in its most perfect form, was produced by twenty-five injections of cantharidin (·0025 gramme), extending over four months. The microscopical appearance of the organ was similar to that of the same condition in man. By the contraction of the interstitial tissue the glomeruli and renal tubules were much narrowed. The former were denuded of their epithelium, and their structural elements could scarcely be recognised. The epithelium of the renal tubules was shrunken, and the bodies of the cells had a protoplasmic aspect. Here and there the lumen of the tubules was occupied by casts. These results AUFRECHT holds to be evidence of the etiological and pathogenetic relation between parenchymatous nephritis and the contracted kidney, and that even in the latter the morbid process begins within the tubules.

THE letters of Professors GAIRDNER and STRUTHERS in THE LANCET of last week, and the letter of Dr. GLOVER which we publish to-day, show how curiously different is the view of the same subject taken by persons who must have one feeling in common—a wish to maintain the fame of the Scotch universities and the value of their degrees. Perhaps, in the face of an actual Bill before Parliament introduced by a powerful Government, these differences will grow less. The tone of Dr. GAIRDNER'S letter justifies this hope. He admits the care and consideration given to the subject by the Royal Commission, and has no doubt that the universities will consider such a Bill "with every desire to aid in the settlement of a long-vexed question." He speaks of the educational interests with which the Scottish universities are charged, and compares these with those of the London schools. Dr. GAIRDNER will scarcely deny that, if Scotch universities are doing the work of English schools in such a vital matter as that of medical education, they should be prepared to submit to the public tests to be applied to English medical schools, and, for that matter, to English universities, which do not come into competition with medical schools, as the Scotch universities, to their credit, do. The Scottish universities are no longer merely Scottish institutions. They educate and examine probably half the practitioners of the empire. It is a very small thing to ask them to submit to imperial tests at a cost of five pounds.

Dr. STRUTHERS' view of this subject throughout has been very local. The whole demand for legislation originates, according to Dr. STRUTHERS, in the jealousy of London corporations. The whole cure for existing scandals and evils is for the London corporations to combine as the Scotch corporations have done, and to prohibit, if necessary by law, registration of incomplete qualifications. Dr. STRUTHERS sees no temptation in the circumstances and work of the Scottish universities to be guarded against. They are perfection, and scarcely elsewhere is any proper education to be had. He astonished Professor HUXLEY by denying that as good education in anatomy and physiology is to be got in London as in Scotland. But the most astonishing part of Dr. STRUTHERS' views is his entire complacency with the examinations of the Scotch corporations. To him it seems nothing that visitors of the Medical Council and most authoritative witnesses before the Royal Commissioners have seriously disparaged these examinations, and that the Commissioners have given prominence in their Report to the fact of such damaging testimony. With complete and happy disregard of this slight circumstance, he is never tired of telling us that all the English bodies have to do is to imitate the Scotch ones. Holders of Scotch diplomas have a right to expect more serious treatment of the evidence that has so damaged the reputation of their licence to practise, and he is no friend to Scotch corporations who does not try hard to improve a system that provokes such disparagement.

AT the ordinary meeting of the Manchester Medico-Ethical Association, held on the 8th inst., it was unanimously resolved, at the instance of Dr. IRWIN, that "the medical and sanitary departments of our mercantile marine are in a highly unsatisfactory condition, by which the lives of passengers are frequently endangered." It was further resolved "to press upon the Government the necessity of immediate inquiry into the position, status, and efficiency of surgeons upon passenger ships." There can be little doubt that the time has arrived when the whole question of the regulations, remuneration, and duties of ship-surgeons, especially upon Atlantic steamers, should be reconsidered and revised. The surgeon is usually relegated to one of the worst cabins in the whole vessel, and which is frequently inferior to that allotted to the third and fourth officers. A recent inspection of the quarters allotted to ship-surgeons upon the

leading Atlantic Ocean steamers has revealed the fact that, as a rule, the surgeon is placed in an inner cabin close to the engines, and of very inadequate proportions. Here he is frequently surrounded by his medicines and other impedimenta, and a couch, which must also be used for professional purposes, is all the sleeping accommodation provided. Owing to want of light, it is impossible for anyone to diagnose successfully any case, much less a case of eruptive fever or obscure disease. The Board of Trade official, with satanic irony, when signing the ship-surgeon's warrant of appointment, exhorts him to do as much scientific work as possible during the voyage, and to keep accurate records of all the cases which come under his care. Having issued these instructions, he carefully abstains from visiting the surgeon's quarters, on the principle, it is believed, that "where ignorance is bliss, 'tis folly to be wise." The ship-surgeon's pay, from £5 to £10 per month, is ridiculously small when the work he has to do and the responsibility placed upon him are considered. He occupies a position which should be second in importance only to that of the captain, and he is remunerated at the same rate as the cook, steerage-steward and fifth engineer. He is supplied with no assistant, no dispenser, no nurse, no servant, and therefore in times of general sickness his duties are far too great for any one person to perform satisfactorily. Ship-surgeons at the present time have no control over the ventilation of the vessel or its hygiene, such matters being left to chance or the benevolence of the captains. In view of these facts it can be in no way surprising that there should be an excessive mortality among passengers—"a far higher mortality than is justified by the necessities of transit." From recent reports we learn that the death-rate among the passengers of all European vessels entering New York during the ten years ending December, 1880, was 44·6 per 1000 per annum; while of 315,850 persons who embarked on English ships for North America during 1881, 185 died in transit. We have not space to enumerate the many abuses at present existing upon Atlantic Ocean steamers, but we have said enough to prove that the resolutions adopted by the Manchester Medico-Ethical Association are well timed, and that the Government must be induced to institute an inquiry forthwith. We would suggest that one of the London Societies should initiate a discussion and organise a deputation, with the view of securing the necessary legislation without further delay.

Annotations.

"Ne quid nimis."

BACHELOR OF SURGERY AT CAMBRIDGE.

THE first examination for this degree, which has been instituted by the new statutes of the University, took place last week. Of the four candidates who presented themselves three were approved—viz., Morris of Caius College, Pitt of Clare College, and Sheild of Downing College. The Examiners were Mr. Holden and Mr. Bryant, both members of the Court of Examiners of the College of Surgeons. The examination consisted in operations on the dead body, which were done at the anatomical school; and the application of surgical apparatus and the examination of patients, which took place in Addenbrooke's Hospital. Before admission to this examination candidates are required to have resided nine terms in the University, and to have passed the previous examination in Classics and Mathematics, as well as the first and second examinations for M.B., and the first part of the third examination, which includes Pathology and the Principles and Practice of Surgery. Before admission to the degree the candidate must have passed the remaining or second part of the third examination for M.B. Thus, the graduate in surgery must have passed all the examinations for Bachelor of Medicine and the examinations in Practical Surgery, including operations on the dead body, in addition. It is clear, therefore, that this degree, conducted as the examination for it is by able and experienced men, will take a high rank as a qualification in surgery. There is also a still higher degree in surgery, that of Master in Surgery, which has been instituted for several years, and for which new regulations will shortly be made.

UNCERTIFIED DEATHS AND INQUESTS.

THERE are few of the many subjects dealt with in Dr. Tatham's recently issued report upon the health of Salford during 1881, which possess a more real interest than the relation between the large proportion of uncertified causes of death and the small proportion of inquest cases recorded within that borough. The proportion of uncertified deaths in Salford during last year was 5·4 per cent., against 2·4 per cent., the average proportion in the twenty large English towns dealt with in the Registrar-General's Weekly Return. The high proportion of uncertified deaths in Salford last year was only exceeded among those towns in Hull and Oldham; it moreover showed an increase upon the proportion that prevailed in Salford in the previous year. Dr. Tatham also calls attention, in connexion with this excessive proportion of uncertified deaths, to the fact that the proportion of inquest cases to total deaths was abnormally low in each of these three towns—Oldham, Hull, and Salford. The proportion of inquest cases last year in the twenty English towns averaged 6·8 per cent., whereas it was only 2·8 in Oldham, 5·5 in Hull, and 5·4 in Salford. Dr. Tatham does well to call the attention of the county magistrates in these three centres of English industry to the facts of the high rate of infant mortality, the large proportion of uncertified deaths (implying neglect to provide the attendance of a registered medical practitioner), and the exceptionally small proportion of inquest cases. As a contrast to Salford, Dr. Tatham refers to Manchester and Birmingham, in which the proportions of uncertified deaths in 1881 did not exceed 2·5 and 1·4 per cent., while those of inquest cases were as high as 9·3 and 9·4 per cent. We could have wished that Dr. Tatham had given some clue to the causes of the large proportion of uncertified deaths in Salford: whether it is due to the independent practice of unqualified and irregular practitioners, to the practice of such practitioners nominally as assistants to registered practitioners, or to neglect to provide any kind of medical attendance. There is little doubt, however, that the operation of all or any of these causes might be held in check by an increase in the number of inquests held.

THE RECENT COLD WEATHER.

THE statement circulated last week to the effect that two sentries had been frozen to death, whilst on duty at the Curragh Camp, is, we learn on the authority of the commander, devoid of truth. A policeman at Berwick has, however, unfortunately been frozen to death on his beat. During such exceptionally cold weather as has recently visited the northern portion of our island it would seem that some precautions, such as shortening the beats and hours of duty, or sending two policemen together on lonely country

rounds, should be adopted in the interests of these hard-worked and responsible servants of society. Comedy, however, has alternated with tragedy, and the spectacle of the Birmingham County Court judge, whilst administering justice, sitting enveloped in rugs, and being addressed by barristers and solicitors wearing great-coats and mufflers, is one the grotesqueness of which is only foiled by the fact that the recent death of a promising young solicitor is attributed to cold caught in that Court, the ventilation and warming of which are in a most unsatisfactory state.

REGINA v. TAYLOR.

THE conviction of Louisa Jane Taylor, aged thirty-six, at the Central Criminal Court (before Mr. Justice Stephen) of the murder of Mary Ann Tregillis with sugar of lead is of sufficient rarity and importance to be recorded. The deceased was eighty-one years of age, and lived with her husband, a naval pensioner, aged eighty-five, at Plumstead, near Woolwich. Early in August, 1881, the prisoner came to live with the Tregillises, and slept in the same room with the deceased. After this Mrs. Tregillis fell ill. She complained of being sick, and that "her throat burnt like a hot coal." She only complained of pain when medicine was given her (by the prisoner), and was more sick at night than in the daytime. About a fortnight before deceased died it was noticed, both by her husband and a neighbour, that her teeth had turned black. On Oct. 1st deceased had an attack of convulsions, and one or two attacks subsequently. She also had tremor of the hands. She lost her speech on Oct. 20th, and died on the 23rd. It was proved that between August and the time of deceased's death the prisoner had on three several occasions purchased an ounce of sugar of lead. The deceased, in a "dying declaration," had asserted that the prisoner was in the habit of mixing a white powder with the medicine which the doctor ordered for her, and that it was after taking medicine thus treated that her sufferings increased. The medical evidence went to show that deceased became ill on or about August 23rd with sickness, shiverings, perspiration, and abdominal tenderness. Her skin was sallow, her teeth black, and there developed a characteristic blue line on the gums. Seventeen days before deceased died the prisoner ceased to attend upon her, and a few days before death the deceased had an ordinary hemiplegic attack, which it was not alleged was due to lead poisoning. Dr. Stevenson on analysis found distinct evidence of lead in the liver, spleen, kidneys, stomach, and brain. The drinking water of the house contained no lead. No mention was made in the evidence of the coarse lesions (if any) which produced the hemiplegia. The motive alleged for the crime was the desire on the part of the prisoner to succeed the deceased as the wife of Tregillis, and thus enjoy with him (aged eighty-five) the pension of £40 a year which he is receiving from the Admiralty. The defence was that the lead had been administered by the husband and not by the prisoner, and the prisoner's possession of the lead was accounted for by the alleged necessity which she had of using a vaginal injection made of lead. The defence was a flimsy one, and there can be no doubt that Taylor attempted to compass the life of old Mrs. Tregillis. What was the actual cause of death is not so certain. The deceased was eighty-one, she had an attack of hemiplegia shortly before death, and she had not had any poison administered to her for seventeen days previous to her decease. Cases of death from sugar of lead are rare; cases of criminal poisoning with this agent are infinitely so. The fatal dose in cases of acute poisoning can hardly be said to be known. Some have suffered only slightly after an ounce, and several cases of recovery after this dose are on record. There were no signs of corrosion or irritation post mortem, and almost the only symptoms of chronic lead poisoning at the time of death was the blue line on the gums. The very marked blackening of the teeth which was noticed by those in attendance on Mrs. Tregillis may, no doubt, be accounted for on the supposition that she never cleaned her teeth, and that they became coated with lead sulphide; but nevertheless it is not among the ordinary symptoms of lead poisoning. The blue line round the edges of dirty teeth is due to the deposition of lead sulphide in the tissue of the gums. That Taylor is a heartless creature and richly merits punishment, there can be no doubt. That lead poisoning was the cause of Mrs. Tregillis's death is not so certain. Old Mrs. Tregillis's death was probably hastened by the administration of the lead, but this is more a probability than a proved fact.

THE HARVESTING OF ICE.

THE season has again come round when large quantities of ice are collected and stored with a view to its being used during the summer months in connexion with our food supplies. Some of it is actually mixed with foods and drinks, more still is brought into close contact with such articles of diet as fish, poultry, butcher's-meat, &c., in order that it may act as a preservative. Unfortunately, however, but little regard is had to the sources whence the supply is derived, and after every frost, carts laden with ice which has been collected from the surface of ponds, canals, and streams which would be studiously avoided as water-supplies, may be seen passing along our streets to the shops of tradesmen dealing in articles of food and drink. That the use of such ice for the purposes to which it is put is not without risk has been shown both in this country and more especially in America, where in the warm weather ice enters largely into the list of table requisites; indeed, it has been further proved that ice has acted as the vehicle of disease germs capable of conveying enteric and scarlet fever, and its use has also been associated with conditions of ill-health which have much resembled these and other specific fevers. The carelessness which has obtained in selecting sources for the collection and storage of ice has been largely due to the fact that there is a very general opinion that in the act of crystallisation water practically rids itself of all its injurious qualities, however offensive it may be in its liquid state, and acting on this view, it is notorious that ice for domestic use has been, and still is, collected from streams receiving sewage, ponds that are offensive in summer time with decomposing vegetable growth, and similar sources. There is also a sufficient amount of truth in the general opinion as to the process by which noxious and foreign matters are eliminated from water during the act of freezing to lead to some lack of caution on the part of the uneducated, but recent experience has clearly shown that the process of purification is only a partial one. In connexion with this subject an interesting paper comes to us from across the Atlantic in Dr. Wight's First Annual Report to the Board of Health of Detroit, and it includes a copious reference to certain recent experiments by Mr. C. P. Pengra, an analytical chemist. In the first instance, urea, as a representative of the crystalloids, was mingled with water, which was then frozen; and it was found that whereas 100 cubic centimetres contained 0·83 gramme before freezing, they still retained 0·50 gramme when in the form of ice. Very similar results followed in experiments made with urea as found in urine, and with other substances, such as grape sugar. The next experiment was with the colloids; albumen, both from the egg and from a case of albuminuria, being taken as a sample, and it was shown that the amount retained in the frozen mass was greatest at its under, and least at its upper, surface. Thus 50 cubic centimetres from the lower third contained 6·87 grammes, the same quantity from the middle and upper thirds containing 4·19 grammes and 3·0 grammes

respectively. Other experiments with the same material showed that the purification which did take place amounted to about 20 per cent. of the total admixture. The results would doubtless vary according to such circumstances as the rapidity of freezing, but since in all the instances recorded the specimens were frozen naturally, they amply suffice to show, as the author contends, that pure ice can only be procured from water free from impurities, and that ice for domestic purposes should never be collected from ponds or streams which contain animal or vegetable refuse or stagnant and muddy contents.

FLOORING AS A MEDIUM OF INFECTION.

THE *Zeitschrift für Biologie* lately published a statement on the above subject from the pen of Dr. Emmerich of Leipsic, in which it is remarked that notwithstanding the attention paid to disinfecting walls, furniture, bedding, and clothing after illness of an infectious character has taken place in a house, the danger from the flooring, though usually neglected, is no less real than that which might arise from any of the sources enumerated. The material used in filling up flooring is often of a nature, it is urged, capable of itself producing, under certain circumstances, emanations of a noxious character. Should, however, even quite harmless materials have been used for the purpose indicated, it is argued that while a house is inhabited there is a gradual accumulation of organic substances going on which penetrate through the openings in the flooring. The constant washing tends, it is said, to make the filling damp, and in addition to this source of danger the temperature under the flooring is often higher than that of the room itself, it having been demonstrated that when the temperature of a room has been 61° Fahr., that of the space underneath the boards has been as high as 90°. This has apparently been specially the case in the vicinity of a stove. This fact is referred to in connexion with the theory held by Dr. Koch that a temperature of 90° is necessary for the development of bacilli, the existence of which he has demonstrated. This temperature as a normal one was found by him not to exist in connexion with our daily surroundings. In addition to dry-rot, which is not without an influence on health, Dr. Emmerich found in numerous samples of the filling used underneath flooring quantities of bacteria. That other substances of a noxious character were present was likewise proved by the fact that Dr. Emmerich and his assistant became ill whenever they had been engaged in protracted investigations of this kind. It is evident that if infection lurks in the flooring, the most thorough measures of disinfection which may be taken as regards other portions of a room may fail to restrain the spread of disease. This explains how illness has been found to originate in one room of a house, or even in certain portions of a room. A mouldy smell in a room after it has been washed is said to be in some measure an indication of the existence of the state of things which has been described. It is, however, remarked that the absence of such a smell must not be taken as conclusive proof of the room being free from any such noxious influences from underneath, as earth has the property of checking the bad odour of decaying organic matter without, however, arresting the process of decomposition. The practical recommendations of Dr. Emmerich consist for the most part of suggestions for the prohibition of the employment as filling material in new buildings of any substance containing phosphorus, potash, or magnesia; it being remarked incidentally that they are notably abundant in coal-slag. For houses already inhabited, he recommends that the inner portions of the flooring should be shut off by an air-tight and water-tight substance from any communication with the air of the room itself. It is further suggested that divisions between the boards should be avoided as much as possible, and that the boards themselves should be coated with some water-resisting substance in order to render them impervious to the influence of moisture.

APPOINTMENTS OF HEALTH OFFICERS.

WE are glad to record the reappointment of Mr. E. L. Jacob as medical officer of health for the Surrey United Sanitary District. In the nine years during which Mr. Jacob has held this appointment he has performed the duties attaching to his office with singular success. During periods of comparative healthiness, he has inaugurated and steadily pressed on sanitary measures with a view to a still further improvement in the health of the inhabitants. Whenever any special incidence of disease has manifested itself, he has been indefatigable in tracking it to its source; and his reports, both as to such occurrences and as to the general sanitary circumstances of his district, have always been such as to command confidence in the remedial measures he has recommended. The *Surrey Advertiser*, the leading paper of the county, emphatically corroborates the above testimony. Owing to the fact that Sutton has somewhat recently been converted into an urban district, the appointment to this parish will have to be effected separately, but we hope that no effort will be made to detach this place from the united district which Mr. Jacob has held up to the present. Both in this and other districts we are glad to note a recommendation from the Local Government Board to the effect that medical officers of health who have successfully served their districts should be reappointed for comparatively long terms. In the case of the Surrey combined district the recommendation extended to a term of ten years, and though the authorities in this instance only made it for six years, yet the principle involved in thus making the office of a health officer secure for a number of years is one which we are glad to see carried out. Many such officers have found themselves seriously hampered by the knowledge that at frequently recurring and short intervals they would be compelled to submit to re-election, and the practice has not only prevented the commencement of permanent works of improvement in many districts, but it has deterred many competent men from joining the medical sanitary service. The step taken is one in the right direction, and it is probably the first instalment of a more complete recognition by the central authority of the proper status of a medical officer of health.

THE REFUSAL OF OUT-DOOR RELIEF.

THE iniquity—we can use no less opprobrious epithet—of the "workhouse test" is becoming one of the crying sins of this rich nation. If we were fatalists we should say it is one of the devices by which the gods are dementing us; let us rather say by which political economists of the advanced school are dragging this country down to the depths of social confusion and consequent obscurity. The workhouse test is an offence against humanity—a hideous folly unworthy of men with brains, to say nothing of hearts. Can anything be more unnatural or inhuman than to refuse poor married folk struggling against pauperism the help of a crust unless they will go into the workhouse and consent to be torn asunder at the moment when their lives are on the wane, and when the only particle of happiness left them at the fag end of a luckless existence is to go to the grave hand in hand. It is hard to write temperately of such brutality as is smirched over with the glamour of political economy in this device. We have heard enough to freeze the blood in our veins of the encouragement offered to idleness by what has been held up to reprobation as "indiscriminate almsgiving." Let us tell those who originate and flaunt this phrase in the face of Englishmen that it is offensive to the

first instincts of our nature. The cold calculating spirit which sits down to tottle up its figures to prove that beggars are encouraged by giving them alms, has found its fruition in the "workhouse test." There is no humanity, no true philanthropy, underlying this crazy cleverness. Give to the poor!—on their heads be it, not on ours, if charity is abused. Let the struggling creatures who are striving to keep out of the "house," who do not wish to be wholly dependent, who have a scrap of self-respect still left in them, be helped to live, not left to die. We appeal to the ratepayers of this country to say, when next the election of guardians occurs, that not one man shall be returned who will refuse out-door relief to the poor. Make the relieving officers and the overseers do their work, and see to it that the public money is not wasted on impostors; but let it once for all be understood that the ratepayers of England will not permit the funds they subscribe for Poor-law purposes to be so administered that the black crime of letting honest and true-hearted couples die because they will not be separated lies at their door.

FACE POWDERS.

IT is necessary to raise a warning cry against a most mischievous statement which has recently been circulated, and has already done harm, to the effect that "arsenic in small doses is good for the complexion." It is not difficult to imagine the risks women will incur to preserve or improve their "good looks." No more ingenious device for recommending a drug can be hit upon than that which the authors of this most baneful prescription of "arsenic for the complexion" have adopted. Suffice it to recall the fact that for many years past chemists and sanitarians have been labouring to discover means of eliminating the arsenical salts from the colouring matter of wall-papers, and certain dyes once largely used for certain articles of clothing. It is most unfortunate that this hopelessly antagonistic recommendation of arsenic to improve the complexion should have found its way into print. Those who employ the drug as advised—and there are many either already using it or contemplating the rash act—will do so at their peril. So far as they are able, however, it will be the duty of medical men to warn the public against this pernicious practice, which is only too likely to be carried on secretly. It is not without reason that we speak thus pointedly, and urge practitioners to be on the *qui vive* in anomalous or obscure cases.

"NOTIFICATION" IN SCOTLAND.

PRESENT appearances would indicate the probability that the question of notification of infectious diseases, its value as a sanitary agent, and the proper persons on whom to lay the responsibility, may be fought out during next session in connexion with the proposed General Police Bill for Scotland, to be introduced by the Lord Advocate on the part of the Government. This Bill will be applicable to all the large towns and to police burghs, so that practically the whole urban population of Scotland will fall within its scope. Considering the adoption of the principle in local Acts by the authorities of Edinburgh, Dundee, Aberdeen, and Greenock, the incorporation of similar clauses in the now unnecessary private Bill for Glasgow, the strongly expressed opinion by the medical officers of health consulted by the Board of Supervision, and the evident bias of that Board itself, there need be little doubt that a clause requiring compulsory notification will form part of the measure of next session. Wherever professional opinion has been consulted, determined opposition has been shown to the proposal to make the medical attendant directly responsible for this information; but unless concerted and vigorous action be arranged for, emphatic opinion will go for little when the question comes before Parliament. So far as Scotland is concerned it is remarkable that the only town where a large reduction in zymotic mortality has taken place subsequent to the operation of compulsory powers is Greenock, where the intimation is given by the householder. Still more curiously, there is no medical officer so eager in his anxiety to burden his fellow practitioners with this obnoxious work as the officer of the very town where such direct good has resulted from another system. Dr. Littlejohn has all along favoured the system which has worked with little friction, but the Edinburgh medical men and their patients are probably little troubled with undue interference, as they have themselves to say whether any attention by the authorities is or is not necessary. The foot-note in which the medical attendant is allowed this liberty, and which must have saved a world of trouble to the authorities, is objected to by some men who can only view the world and its doings through the spectacles of a medical officer of health. The Scotch authorities at present enjoy the counsel of some such men, and if their advice against all compromise be taken, it will behove the profession, not only throughout Scotland, but by all its powerful combinations throughout the country, to take such measures as will make its voice effectually heard on this important question.

AN ENGINEER'S LUGGAGE.

THE almost motherly care exercised by the Government, and others in authority over us, respecting our lives and welfare, which is so often held up to ridicule, is fully justified if we may judge by one instance of the extreme recklessness and utter disregard of human life and property displayed by some members of the community. An engineer, of Newcastle-on-Tyne, was on the 15th inst. fined £20—a most inadequate penalty—for carrying, in conjunction with his assistant, a large quantity of blasting gelatine, which was to be used to blow up a dangerous wreck at Deal, in a second-class *smoking* carriage on the North-Eastern Railway. The explosive compound was carried in hand-bags, and it is painful to imagine the probable result of an accidental kick by a blundering passenger, or, supposing these bags to have been placed on the network above the seats, a sudden jerk of the train in starting or stopping which might have sufficed to dislodge them. A glowing fusee or the smouldering end of a cigar might have fired a charge that would have annihilated passengers and train, and would have effected in a moment such widespread destruction as fogs, deficiency in the working of signals and block system, or any of the numerous causes which usually contribute to our railway catastrophes, would not bring about in a decade.

A HEAVY BRAIN.

IT is well known that, although many distinguished men have had very large brains, these have been occasionally equalled by the brains of persons who never displayed remarkable intellect. Another illustration of this has been lately published in the *Cincinnati Lancet* by Dr. Halderman of Columbus. A mulatto named Washington Napper, aged forty-five years, recently died in the hospital at that town in consequence of purulent infection due to an abscess of the thigh. His brain was found to weigh 68½ oz., nearly 5 oz. more than the famous brain of Cuvier. His height was six feet, his limbs are said to have been ape-like in length, his head was massive, lips thick, lower jaw prominent, but his forehead large and well developed. He had been a slave until the year 1862, and had never been regarded as particularly intelligent; he was illiterate, but is said to have been reserved, meditative, and economical.

THE METROPOLITAN ASYLUMS BOARD.

THE Metropolitan Asylums Board seem doomed to disappointment in their relations with the central authority. Having expressed themselves as willing to undertake any or all of the duties recommended by the Royal Hospital Commission they appealed to the Local Government Board and asked to be informed of the intentions of that board with respect to the Commissioners' Report. It was hardly to have been expected that in answer to such a communication the Government would have divulged all its intentions with regard to future legislation in the matter of dealing with infectious diseases in the metropolis; but having regard to the arduous and unaided labours of the Asylums Board in the past, and to their offer to work in the future, the central authority might surely have done something more than again tender them their sympathy and say they could give them no information at all. As Sir E. Hay Currie stated, the managers could not but feel that such an answer indicated, on the part of the Local Government Board, a want of interest in the serious troubles to which they had been exposed in the performance of their duties.

MR. FAWCETT.

WE are glad to learn that Mr. Fawcett has made considerable progress since our last notice of his case. He has had an attack of rheumatism and some aphthous inflammation of the mouth, which, as well as the other complications in the case, have now nearly subsided. There remain only some temporary weakness of the action of the heart, a slight rise of temperature at night, and inability to sleep, but these are not unusual results of a severe attack of fever such as Mr. Fawcett has undergone; and, having regard to the possibility of further complications in the course of convalescence, there is nevertheless good reason to anticipate a favourable and complete recovery.

THE REPRESENTATION OF FINSBURY.

THE rumour which has been circulated respecting Dr. Richardson's candidature for Finsbury, rests, we learn, on the following grounds:—At present there is no vacancy in Finsbury, and Dr. Richardson himself has taken no initiative whatever as to any future vacancy; but certain of the sections of the Liberal party of the borough have applied to him to ask if he would stand in the event of a seat becoming vacant, or in the event of a general election. To this he has replied, that on the condition that he is not rendered liable for expense of any kind connected with the election, he will respond to the request, and it is pretty generally known that with this proviso plainly understood, he has recently, on invitation, met the members of the committee of the Liberal Association and has had a long deliberation with them. His candidature has also been incidentally referred to at several public meetings in the borough, and has been enthusiastically received.

NAVAL GOOD-SERVICE PENSION.

WE hear of dissatisfaction with the late award of the good-service pension of £100 a year, vacant by the death of Inspector-General Dr. J. W. Johnston, R.N., being made to Inspector-General Dr. H. J. Domville, C.B., notwithstanding the very high claims of three of his seniors of the same rank, of whom one is a C.B., wounded in action under the forts of Sebastopol, and another a K.C.B., in recognition of their meritorious services. We would not assume to be arbiters in such questions, while we find it difficult to assign, as some have done, occult motives for an award which is so obviously prejudicial to Dr. Domville's senior officers.

AYR COUNTY HOSPITAL.

AT the annual meeting of subscribers to this charity, held last week, the directors were able to report decided progress towards the completion of the new hospital (about which we shall have something to say next week) and a very healthy subscription-list. It was pointed out that a much larger expenditure would in the future be necessary. Dr. Naismith, in the absence of Dr. Moore, read the medical report, which showed increasing usefulness on the part of the institution, and more especially its great value in providing for the isolation of several small-pox patients during the past year, by which an epidemic was averted. The rule by which the provost of the burgh has hitherto held the office of chairman *ex officio* was rescinded, and the new hospital will stand under the presidency of Sir Peter Coates, whose princely generosity is so well known.

NEGLECTED MEASLES.

DR. DANFORD THOMAS, in his capacity of coroner, did good service in directing public attention to the mortality which follows the neglect of measles. It is a common opinion among the poor that a child must have the measles, and that when it gets the disease it requires no treatment and but little care. This is a mistake. In the vital statistics which we gave last week it may be seen that it was more fatal in the large towns than any other zymotic disease, more even than scarlatina. With medical and parental care the disease generally does well. But without this it is liable to serious complications, and apt to leave disagreeable consequences. It has been extremely prevalent in Islington, one of the parochial medical officers, Mr. Wilkinson, having had 400 cases in a month.

M. GAMBETTA.

THE most alarming reports have been spread about M. Gambetta's state of health. The fact is he has been affected with a slight indisposition, due to incipient inflammation of the intestines, which his medical attendants, MM. Lannelongue and Siredey, attribute to exposure to cold during his first promenade out of doors on Saturday last. This, however, has nothing to do with the wound of the hand, which is now completely healed.

SOCIETY OF APOTHECARIES.

AT a recent meeting of this Society it was decided to found two scholarships, to be open to the Medical profession, one in Clinical Medicine, Therapeutics, and Hygiene, and the other in Surgery. The amount, tenure, and other particulars of the scholarships will, we understand, be published early in the ensuing year. The late J. F. de Grave, Esq., a former Master of the Society, has bequeathed £5000, free of duty, in augmentation of the fund for the relief of the distressed members of that body.

ENTERIC FEVER EPIDEMICS.

A CONSIDERABLE prevalence of enteric fever has occurred in Salford, and pending further investigation Dr. Tatham has advised that the milk supply is under suspicion, and that all using milk should first boil it. At Newton Heath, near Manchester, there is also an epidemic prevalence of this disease. Reports as to it have been submitted to the sanitary authority both by the medical officer of health and by Dr. Henry Tomkins of Monsall Fever Hospital, the latter having received special instructions to investigate it. As yet the disease has attacked fifty-three persons in thirty-three houses. The water and the milk supplies are believed to

be in no way implicated, but in the area specially affected a defective and blocked sewer had recently been opened, and to this the outbreak is provisionally attributed. Further reports as to both these epidemics are promised.

AN alarm of fire was raised in Glasgow Royal Infirmary on Monday evening. A chimney formed of iron tubing, which passed through the roof of a small outshot building, took fire, and burned so fiercely that for a short time the structure seemed in some danger. Through the exertions mainly of the superintendent and the resident assistants the fire was prevented from spreading further. In view of the terrible results which would certainly ensue from the occurrence of a fire in such an institution, it is to be hoped that the Royal Infirmary authorities have their fire extinguishing apparatus in proper order, and judiciously placed about the buildings. The new part of the Infirmary is well supplied with hose, &c.; but what of the "old house"?

AN order was lately made by a Justice of the Peace for Suffolk for the vaccination of a child whose father had been fined nine years before for refusing to have it vaccinated. Disputing the power of the Magistrate to make the order, counsel on behalf of the father made an application to the Queen's Bench Division to raise the issue before the Court, but permission to do this was refused, Mr. Justice Hawkins holding that to do what was asked would only be to raise doubts about what was perfectly clear.

THE French doctors in Nice are, it appears, up in arms against their English and other foreign brethren established in that favoured health resort. A general meeting of the former body has been held, at which protests were entered against the manner in which alien practitioners monopolise the most lucrative practice. Amongst other points urged it was stated that many of the intruders are not qualified French physicians, and consequently have no right to practise anywhere in France.

MR. PRIDGIN TEALE, in a letter to the *Leeds Mercury*, calls attention to a rough-and-ready method of filth disposal adopted in the town. "Within the last few months," says Mr. Teale, "hundreds of cartloads of ashpit refuse and 'night soil' have been tipped into an old quarry by *our corporation carts*," with what effect upon the health and comfort of the immediate residents may be safely left to the imagination to depict.

LISTERISM grows in favour in Italy, if we are to judge from an article "On the Foundations of Modern Surgery," just published by Professor Andrea Ceccherelli in the *Gazzetta degli Ospitali* (Milan, Dec. 13th). The author is a firm believer in the clinical potency of micro-organisms, and extols antiseptic dressings as amongst the greatest of modern surgical conquests.

IT was decided at a meeting held at Liverpool on the 15th inst., the Mayor presiding, to erect at a cost of £100,000 a new and more commodious infirmary, the present one being quite unsuited to the present requirements, and the sanitary arrangements also being defective. Subscriptions to the amount of £50,000 are already promised.

THE expedient of pouring oil upon the broken waves of the ocean to produce a comparative calm is, curiously enough, spoken of by some of the scientific journals as a new thing. The fact is that this action of oil in stilling breakers is as old at least as Aristotle.

DR. MEREDITH, in the *Birmingham Medical Review*, recommends oil of peppermint as an external application for allaying the neuralgic pain so often complained of in cases of herpes zoster (shingles).

DR. D. G. F. MACDONALD has in the press a work on "Grouse Disease, its Causes and Remedies," with illustrations by Elwes. It will be published by Messrs. W. H. Allen and Co. early next month.

Public Health and Poor Law.

LOCAL GOVERNMENT DEPARTMENT.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

St. George's, Hanover square.—According to Dr. Corfield's annual report the death-rate for this parish is still maintained at a low ebb, it being 16·9 per 1000, as opposed to an average, during the ten preceding years, of 17·9. The population is all but stationary; for although there has been an increase in the neighbourhood of Mayfair, there has been a still greater decrease about Hanover-square, the result being that in 1881 there were 185 less inhabitants than in 1871. The mortality under one year of age is 13·4 for every 100 births. This rate is low, but the circumstances of the district are exceptionally favourable to the majority of the children born. The mean duration of life in the parish is also high. During the past seven years it has been 50 years; last year it was 50·2 years; whereas it is but little over 35 years for London generally. Apart from deaths of non-parishioners in St. George's Hospital, no special prevalence of infectious disease is indicated; but having regard to the amount of sanitary work done, such a result must in part be attributed to the careful action taken against the spread of infection and against the continuance of conditions unfavourable to health. Amongst other items we notice that inspection of 236 houses in which infectious disease had prevailed had been carried out, and that over 3000 large articles, in addition to many smaller ones, had been dealt with in the hot-air disinfecting stove. The stove is that designed by Dr. Ransom, F.R.S., and it is reported to work satisfactorily in every respect.

Bethnal-green; Sewer Ventilation.—According to Dr. Bate's annual report for the parish of St. Matthew, Bethnal-green, the district had in the middle of 1881 a population of 127,180, the number of houses being at the rate of one to every 7·2 inhabitants. The death-rate amounted to 24·0 per 1000, this rate exhibiting a slight increase on the average for the ten preceding years. The birth-rate was high, amounting to 41·1 per 1000, but the infantile mortality was also high; the rate of death amongst infants under one year reaching 15·3 per cent. of the births registered. Small-pox attacked 737 persons, of whom 680 were removed to hospital. Owing to the rapid filling of the Asylums Board Hospitals the vestry provided additional hospital accommodation at Plaistow, and Dr. Bate remarks that in no single instance was it necessary to resort to compulsory measures in order to get the cases removed. Measles was very fatal during the year, and it is to be regretted that sanitary interference can as yet do but little to prevent its spread and fatality, for owing to the fact that it is so highly contagious before it can be diagnosed, even isolation is rarely of any avail. Unfortunately, however, Bethnal-green is not yet provided with all the means which are proved to be of use in preventing the spread of infectious diseases. In 1880 Dr. Bate prepared an exhaustive report on the value of the different disinfecting chambers, and concluded by recommending the erection of a Washington Lyon's steam apparatus. Nothing has, however, been done in the matter; and hence when cleansing and disinfection of premises, as also the burning of beds, &c., have been carried out in houses where infectious disease has prevailed, the disease breaks out again by reason of the use of infected clothing.

A separate report is issued by Dr. Bate on the question of the ventilation of the sewers in his district. He would, as a general rule, advocate a system by which ventilating shafts should be carried from the sewers to a height above the level of house chimneys, some of the openings being fitted with cowls so as to ensure a down current of fresh air. The

system at present adopted in the metropolis is to place a number of shafts in the course of the sewer, these shafts opening by means of gratings down the centre of the roadways; and it was with a view of ascertaining the efficiency or the reverse of this plan that Dr. Bate undertook a series of experiments. Nearly all the shafts in the district were examined in detail: 11 per cent. were found to be entirely, and 28 per cent. partially, choked with road detritus, leaving only some 61 per cent. in working order. By the aid of Lind's anemometer it was found that out of 162 shafts there was an up-current in 135, the velocity varying from one which was only just perceptible, to as much as 800 lineal feet per minute. In 41 cases the current varied during the course of the experiment, a down-current alternating with an up-current. In nearly 54 per cent. no offensive odour was given off; in the remainder the effluvium varied from one that was slightly offensive, to that which is described as horrible. The distribution of the ventilating shafts was, however, most unequal, long lengths of sewer being without any opening; some of the sewers are admitted to be old and leaky, and others not having sufficient fall have become little better than elongated cesspools. The admission, also, into the sewers of hot refuse from steam engines and factories raised the emanating air at times to as much as 70° Fahr., a temperature necessarily tending to produce rapid putrefactive changes. Under these conditions it is impossible to judge as to the respective value of the two systems of ventilation from the circumstances of Bethnal green; indeed, Dr. Bate admits that with a system of sewers "well designed and constructed, freely ventilated, and periodically and copiously flushed, the danger to health from the escape of sewer gas in the centre of wide roads is not great." Under the system of ventilation at the road level, it is laid down by the Local Government Board that there should be a shaft at every hundred feet, at every change of gradient, at every junction, and at every blind end; and further it is held desirable that each shaft, including its aperture in the road level, should in point of size equal the sectional area of the sewer which it ventilates. By such regulations alone can a sufficient volume of fresh air be expected to pass into the sewer, by these shafts admitting of a down-current, as will ensure a reasonable dilution of the foul air before it makes its escape. Under the system of ventilating the sewers at a level above the houses, it would, owing to the length of the necessary shafts and to the one or more angles which would occur in their course, be even more difficult to secure the desired down-current of fresh air, and hence the number of shafts would have to be considerable. Indeed, it would probably be desirable that sanitary authorities should have the power of placing such shafts against every house, should they so see fit; and then, if a certain proportion of them were fitted with vanes so arranged as to keep the mouths of the cowls always facing the direction from which the wind is blowing, in the manner suggested by Dr. Bate, a sufficient dilution of sewer air would doubtless be secured and the escape of the sewer effluvium into the lower parts of streets between rows of dwellings would be avoided.

Belfast.—During the five weeks ending the 25th ult., the average death-rate was 26·77 per 1000 of the population. The death-rate from lung affections averaged ten, and from zymotic affections five, of which measles showed a death-rate of 1·4, and scarlatina 2·4. Cases of fever have decreased, but scarlatina has prevailed to a considerable extent.

BIRTHS AND DEATHS AT BIRKENHEAD.

To the Editor of THE LANCET.

SIR,—In your notice of my Annual Report (THE LANCET, page 999) you quote the birth-rate of Birkenhead at 36·9, and the death-rate at 19·7 per 1000. These were the rates for 1880; the rates for 1881 were 36·2 and 17·3 respectively. I do not think that the latter rate falls much short of that which sanitary administration may reasonably expect to reach in a large borough. I regret I did not send the correction last week. I am, Sir, yours truly,

FRANCIS VACHER.

Medical Officer's Department, Birkenhead, Dec. 20th, 1882.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

In twenty-eight of the largest English towns 5719 births and 4370 deaths were registered during the week ending the 16th inst. The annual death-rate in these towns, which had not exceeded 22·3 and 23·4 per 1000 in the two preceding weeks, rose last week to 26·9, a higher rate than in any week since the middle of February last. During the first eleven weeks of the current quarter the death-rate in these towns averaged 21·2 per 1000, against 21·6 and 21·0 in the corresponding periods of 1880 and 1881. The lowest death-rates in these towns last week were 18·9 in Bristol and 20·5 in Birkenhead. The rates in the other towns ranged upwards to 31·4 in Blackburn, 34·0 in Liverpool, 34·5 in Leeds, 35·3 in Preston, and 37·7 in Halifax. The deaths referred to the principal zymotic diseases in the twenty-eight towns were 468, and 4 fewer than those in the previous week; 134 resulted from measles, 95 from scarlet fever, 85 from whooping-cough, 79 from "fever" (principally enteric), 46 from diarrhœa, 23 from diphtheria, and 6 from small-pox. These zymotic diseases caused the lowest aggregate death-rates last week in Huddersfield, Plymouth, and Wolverhampton; and the highest in Hull and Sunderland. Measles caused the highest death-rates in Birkenhead, Cardiff, and Sunderland; scarlet fever in Derby, Sheffield, and Birkenhead; whooping-cough in Cardiff and Norwich, and "fever" in Leeds, Liverpool, and Portsmouth. The 23 deaths from diphtheria in the twenty-eight towns included 13 in London, and 2 both in Birmingham and Hull. Small pox caused 3 deaths in Newcastle-upon-Tyne, and 1 each in Birmingham, Oldham, and Sheffield. The number of small-pox patients in the metropolitan asylum hospitals, which had been 70 and 62 on the two preceding Saturdays, had risen to 75 at the end of last week, 22 new cases having been admitted during the week, against 15 and 5 in the two previous weeks. The deaths referred to diseases of the respiratory organs in London, which had steadily increased in the five preceding weeks from 330 to 447, further rose last week, under the combined influence of fog and low temperature, to 637, which exceeded the corrected weekly average for the two previous corresponding weeks by 108. The causes of 140, or 3·2 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Brighton, Portsmouth, Nottingham, and in four other smaller towns. The proportions of uncertified deaths were largest in Oldham, Halifax, Sunderland, and Hull.

HEALTH OF SCOTCH TOWNS.

The annual death-rate in the eight Scotch towns, which had been equal to 24·8 and 28·0 per 1000 in the two preceding weeks, further rose under the influence of exceptionally severe weather, to 32·1 in the week ending 16th inst., and exceeded by no less than 5·2 the mean rate last week in the twenty-eight English towns. The deaths referred to the principal zymotic diseases in these Scotch towns, which had been 88 and 128 in the two previous weeks, were 116 last week, and equal to an annual rate of 4·9 per 1000, which was 2·0 above the rate from the same diseases in the English towns. This zymotic rate showed the largest excess last week in Glasgow, where it was equal to 7·3 per 1000. The 37 fatal cases of whooping-cough were within 2 of the high number in the previous week, and included no fewer than 27 in Glasgow. The deaths from scarlet fever, which had been 12 and 18 in the two previous weeks, further rose to 23 last week; 15 occurred in Glasgow, 6 in Edinburgh and 2 in Leith. The 19 deaths attributed to diphtheria showed a decline of 5 from the number in the previous week, and included 7 in Glasgow and 5 in Dundee. The 14 deaths from measles were fewer by 2 than the number in the previous week, and all were returned in Glasgow. The deaths referred to "fever," which had been 12 and 19 in the two previous weeks, declined to 11 last week, of which 5 occurred in Glasgow and 3 in Edinburgh. The 12 deaths attributed to diarrhœa corresponded with the number in the previous week. The deaths referred to acute diseases of the lungs in the eight towns, which had been 139 and 185 in the two preceding weeks, further rose, in consequence of the severe weather, to 231 last week, and exceeded by 109 the number from these diseases in the corresponding week of last year. The causes of 124, or nearly 17 per cent., of the deaths registered in the eight towns last week were not certified.

HEALTH OF DUBLIN.

The annual rate of mortality in Dublin, which had been equal to 29·2, 25·6, and 24·9 per 1000 in the three preceding weeks, rose last week to 33·6, and exceeded the rate in any

week since the middle of May last. During the first eleven weeks of the current quarter the death-rate in the city averaged 25·2 per 1000, against 21·2 in London and 20·1 in Edinburgh. The 224 deaths in Dublin last week showed an increase of no less than 58 upon the number in the previous week, and included 20 which were referred to the principal zymotic diseases, against 14 and 12 in the two preceding weeks. These 20 deaths included 9 which were attributed to whooping-cough, 8 to "fever" (typhus, enteric, and simple), 2 to diarrhœa, 1 to diphtheria, and not one either to small-pox, measles, or scarlet fever. The death-rate from these zymotic diseases was equal to 3·0 per 1000 in the city, while the rate from the same diseases last week was 3·0 in London and 3·6 in Edinburgh. The fatal cases of whooping-cough in Dublin, which had been 5 and 2 in the two previous weeks, rose to 9 last week, while the 8 deaths referred to "fever" were within one of the number in the previous week, and were equal to a rate more than twice as high as the average rate from this cause in the twenty-eight English towns. The deaths of infants showed a marked further increase upon recent weekly numbers, and those of elderly persons were also more numerous.

THE SERVICES.

THE Greenwich Hospital pension of £50 a year, vacant by the death of Retired Deputy Inspector-General of Hospitals and Fleets Alexander Cross on Dec. 3rd, has been awarded to Retired Deputy Inspector-General of Hospitals and Fleets Andrew Murray from that date.

ARMY MEDICAL DEPARTMENT. — Brigade Surgeon Frederick M. Skues is granted retired pay, with the honorary rank of Deputy Surgeon-General. Brigade Surgeon Sir Robert William Jackson, C.B., is granted retired pay, with the honorary rank of Deputy Surgeon-General. Surgeon John Percival Hunt, M.D., from half-pay, to be Surgeon, vice D. O'Sullivan, who has resigned his commision.

MILITIA MEDICAL DEPARTMENT.—Surgeon-Major George Wilson, Royal Monmouthshire Engineer Militia, resigns his commission; also is permitted to retain his rank, and to wear the prescribed uniform on his retirement.

ARTILLERY VOLUNTEERS.—1st Sussex: Surgeon Heckstall Smith resigns his commission; also is permitted to retain his rank, and to continue to wear the uniform of the corps on his retirement. 1st Kent: Acting Surgeon William Eyre Blennerhassett Atthill resigns his appointment.

RIFLE VOLUNTEERS.—1st Ayrshire: William Sneddon, Gent., M.D., to be Acting Surgeon. 9th Lanarkshire: Acting Surgeon James McGlade resigns his appointment. 1st Lincolnshire: Honorary Assistant Surgeon George Walker resigns his commission. 14th Lancashire: Surgeon Frederic Blakesley Mallett, M.D., is granted the honorary rank of Surgeon-Major. 1st Midlothian (Leith): James Allan Gray, Gent., to be Acting Surgeon. 22nd Middlesex (Central London Rangers): John Robert Kemp, Gent., to be Acting Surgeon. 6th West Riding of Yorkshire: John Sutcliffe, Gent., to be Acting Surgeon. 2nd East Yorkshire: D. Ridpath, M.D., to be Acting Surgeon.

ADMIRALTY. — Fleet Surgeon George William John Sutherland having been placed on the Retired List from Nov. 20th last, has been allowed to assume the rank and title of Deputy Inspector-General of Hospitals and Fleets on the Retired List from that date. In accordance with the provisions of Her Majesty's Order in Council of April 1st, 1881, Staff Surgeon Thomas Harvey has been placed on the Retired List of his rank from the 8th instant.

The following appointments have been made:— Staff Surgeon Evelyn R. H. Pollard, to the *Albatross;* Surgeons Archibald M'Kinlay, to the *Bellerophon;* Thomas D. Gimlette, to the *Hector*.

PRESENTATION.—On the occasion of the transfer of Dr. Vans Christian Clark, R.N., from the medical officership of Millbank Prison to H.M. Prison for Female Convicts at Woking, an illuminated address was presented to him by the governor of the former establishment on behalf of the officials, who desired thereby to testify their sense of the value of the Doctor's services.

Correspondence.

"Audi alteram partem."

"THE SCOTCH UNIVERSITIES AND MEDICAL LEGISLATION."

To the Editor of THE LANCET.

SIR,—I have no pleasure in controversy with such medical teachers as Professor Struthers and Professor Gairdner. I shall therefore not prolong it. I will leave it to you and your readers, and all seriously interested in placing our medical licensing system on a better and permanent basis, to judge whether my essential statement to the Lord President does not remain entirely unshaken—that the Royal Commissioners have safeguarded the just interests of the Scottish universities by adopting the proposal of Professor Turner before the select committee, which was repeated by Professor Struthers, to exempt all university students from all but the final examination of the conjoint boards to be established, and this, Professor Struthers suggests, not to cost more than five pounds.

I have never denied that Professor Struthers, Professor Gairdner, and Professor Turner, prefer to be entirely left alone, and to have the degree of universities recognised as above the sphere of public criticism, and as, *per se*, full qualifications, and entitling their holders to registration. I believe that it would be safe at present so to regard university degrees; but there have been times within easy memory when it would not have been safe, and there might easily be such times again. Universities, like corporations, are only made up of men, and, like them, again, have interests, sometimes of a pecuniary order, which are not always the interests either of the profession or of the State. It is easy to see that if some precautions are not taken in the contemplated legislation, the Scottish universities, being poorer than the English, would be under strong temptation to enter into competition with the conjoint boards, and we should have a continuance of what Sir Dominic Corrigan called a "battle of the shops," only in a more discreditable form than at present.

I am, Sir, your obedient servant,

Highbury, Dec. 18th, 1882. JAMES GREY GLOVER.

To the Editor of THE LANCET.

SIR,—In your leader of the 9th inst., speaking of the Scottish universities as opposed to the Conjoint Boards, you use the following words:—"They educate probably as many students as all the London schools put together, and their degrees, *though only qualifications in medicine*, entitle the holders to registration. A graduate is seldom content with his mere degree; he wishes to have a diploma besides, and generally *takes it from a College of Surgeons*. Under the proposals of the Commissioners he will, after passing his university examinations and the clinical examination of the Conjoint Board, *be completely qualified*, and have a honourable degree for a much less sum than he now most generally pays for similar advantages and multiplied examinations." The italicising is mine.

These statements are likely to convey to the minds of those unacquainted with the Scottish universities the erroneous impression that Scottish graduates are only half-qualified. I therefore beg permission to point out that all the Scottish universities themselves either teach very fully both medicine and surgery or require that candidates for their degrees shall have been equally well taught elsewhere. The degrees conferred are the Bachelorship of Medicine (M.B.), the Mastership in Surgery (C.M.), and the Doctorate of Medicine (M.D.); and no man has been permitted to graduate even as M.B. alone unless he had passed the full examination for both M.B. and C.M. It is usual for candidates to take the two degrees. It is only a very exceptional few who, being already in possession of a diploma from some surgical corporation, take the M.B. degree alone; and candidates for this single degree are not exempted from passing any part of the full examination in

both medicine and surgery. The great body of graduates, therefore, are "doubly qualified," and do not, as you would seem to suppose, seek surgical qualification elsewhere. Now I believe it is imperative on all candidates to take both degrees. It is somewhat beside the point, but I believe I could, also, demonstrate that where the M.D. degree alone has been conferred under the regulations existing prior to 1861, it is a "double qualification"—i.e., in medicine and surgery. I am, Sir, yours faithfully,

R. M. MOFFAT, M.D., C.M. St. And.

Manchester, 18th Dec., 1882.

*** It is quite true, as our correspondent points out, that the Scotch universities confer the title of Master in Surgery on such graduates in medicine as wish for it. When they do so they charge an additional fee for the diploma. His view of the double virtue of the degree of M.D. under the old regulations has never been acted on by graduates or by the university. On the contrary, regarding it as only a qualification in medicine, the university devised the new title of Master in Surgery, which it confers, we believe, without any additional examination. The ingenious way in which the universities have contrived to give the virtue of a double qualification to their degrees shows how hollow and artificial the system of half qualifications is.—ED. L.

DR. HENEAGE GIBBES' "NEW METHOD FOR THE DETECTION OF THE TUBERCLE BACILLUS."

To the Editor of THE LANCET.

SIR,—At a meeting of the Medical Society of London last night, Dr. Heneage Gibbes exhibited some specimens of various forms of bacteria. Amongst them were several examples of the bacillus of tubercle stained in a way which Dr. Gibbes has described as "new." In the course of some remarks which I made during the meeting, I expressed my inability to perceive anything new in the method of staining the bacillus of tubercle used by Dr. Gibbes. I also said, in effect, that in the specimens of the bacillus of tubercle then before the Society I could not see evidence of any advantage in the results obtained by Dr. Gibbes' plan of mixing the ingredients of the colouring solutions in certain definite proportions. In describing what he claims as his method, Dr. Gibbes says: "It is necessary to make two staining fluids—one, magenta, which stains the bacillus; the other, chrysoidin, which stains the surrounding substance, but not the bacillus."[1] Now, on reading this, it certainly appears as though in using magenta Dr. Gibbes has introduced a new dye for the purpose of staining the bacillus. As is well known to those who are familiar with the subject, Dr. Ehrlich uses fuchsin for that purpose. I had always been under the impression that fuchsin and magenta were different names for the same substance. When Dr. Gibbes described his "new" method and spoke about magenta, I thought that I must have been in error, and that fuchsin and magenta were names for two different substances. On looking up the literature of the subject, however, I found that these two names are given to one and the same substance. In order to put the point beyond dispute, as regards the use of the dye in the staining of this particular bacillus, I called upon Mr. Beck, the manager of the Badesche Anilin Fabrik, 22, Bush-lane, Cannon-street, E.C. I called upon him because Dr. Gibbes says that the aniline colours are made by that company. Mr. Beck, in answer to my questions, told me that fuchsin and magenta are names given to one substance. He said that if he received an order for magenta he would supply the same substance which he would supply were an order given for fuchsin. Fuchsin, he said, is the name used on the Continent; magenta is the name in use in England. I was also told that the substance supplied by Mr. Beck to Dr. Gibbes was known in the trade by the two names, fuchsin and magenta. Mr. Beck said that Drs. Koch and Ehrlich used this same dye in their experiments. In April last Dr. Ehrlich used fuchsin to stain the bacillus of tubercle, and my friend Dr. Koch, the discoverer of the bacillus, described to me in a letter last May the details of Ehrlich's use of fuchsin in this connexion. So much, then, for Dr. Gibbes' stain for the bacillus in his "new" method.

It is not necessary for me to say anything here about Dr. Gibbes' use of chrysoidin in his "new" method, for last night he himself informed the Medical Society that he had given up the use of that substance in staining tubercular tissue and sputum, although, he says, he still regards chrysoidin as most useful when the object in view is merely to examine the bacillus. In saying this I, of course, speak from memory; but that was the sense in which I understood what fell from Dr. Gibbes upon this point.

Having given up the use of chrysoidin for the purpose of staining "the surrounding substance, but not the bacillus," Dr. Gibbes has substituted methylene blue for it, as was seen in his specimens last night. In the *British Medical Journal* of Oct. 21st last, on page 787, under the heading, "Further Remarks on Staining Bacillus Tuberculosus," Dr. Gibbes writes: "I have made a number of experiments with the view of finding a good contrast to the magenta, and one which would not at the same time stain the surrounding tissues too deeply. I find methylene blue the best for this purpose." Now, at my demonstration at Worcester, in August last (and Dr. Gibbes was present), I pointed out that Ehrlich used methyline blue as a contrast colour to his red-stained bacilli.[2] The fact was also well known to several men who were then working at Ehrlich's process, and it was mentioned to me by Dr. Koch in May last.

Where, then, is the newness in Dr. Gibbes' "new" method? I suppose it is meant to be found in the statement which he makes on page 787 of the *British Medical Journal* of Oct. 21st, where he says, "There are one or two points about this method which I should like to mention. In the first place, the magenta solution used is a definite chemical compound having a distinct formula; it is, in fact, a diphenolrosanilin resulting from the addition of a fixed portion of pure anilin to a certain form of rosanilin, or, as it is commonly called, magenta. In Ehrlich's method, a definite compound is not formed, hence the fading of the colour from the bacilli, which does not take place when a stable compound is used. In his process, also, the protoplasm alone is stained, and with high powers rows of bead-like bodies only are seen. With the method I have given, the whole organism is stained, and appears, as it really is, a rod-shaped bacillus containing deeply stained spherical bodies (? spores)." I do not know whether a diphenolrosanilin results; but let that be taken for granted. Of the rest of this statement, in so far as it refers to Ehrlich's process, I can only say that it is altogether at variance with my own experience. I have not yet seen a specimen of bacilli produced by that process in which "with high powers rows of bead-like bodies only are seen." On the contrary, the vast majority of the organisms appear as distinct rods.

Dr. Gibbes asserts that with his "new" method the colour does not fade from the stained bacillus, and that it does fade where Ehrlich's process has been used. It is true that when men first worked at this process the stained bacilli did, now and then, lose their colour. In my own early experience that has happened more than once. It is different now. Ehrlich's process, properly carried out, gives quite as good results as any yet shown by Dr. Gibbes. As an illustration I may mention that I have now in my possession specimens which I stained by Ehrlich's process in June last for exhibition at the conversazione at the Royal College of Physicians. They have faded certainly, as all aniline colours will, but the organisms are still perfectly distinct. As M. Vienal of Paris remarked in writing upon this subject, "When the chemicals are not good, the colour fades with equal rapidity, whether Gibbes' modification be adopted or not."

Dr. Gibbes also claims for his "new" method that by its use the bacillus can be shown "with the greatest ease with an ordinary quarter-inch object glass and daylight." According to him, where Ehrlich's process is used the bacillus is so faintly stained "that high power or artificial illumination is required to show it in anything like a satisfactory manner." This is another example of Dr. Gibbes' surprising statements. My friend, Mr. Watson Cheyne, showed the bacillus, prepared by Ehrlich's process, in May last at the Royal Medical and Chirurgical Society, under a quarter-inch object glass. I have myself repeatedly examined

[1] British Medical Journal, Oct. 14th, 1882, p. 736.

[2] British Medical Journal, Oct. 14th, 1882, page 735.

the bacillus under an ordinary quarter-inch object glass, and with very ordinary London daylight as my only illuminator.

It is not very surprising to find that Dr. Gibbes has so poor an opinion of Ehrlich's process when one reads his description of it on page 736 of the *British Medical Journal* for Oct. 14th. It runs thus: "In Ehrlich's process the stain for the bacillus is too faint, and the vesuvin used to stain the ground substance too opaque; consequently the bacillus appears a faint pink colour on a dense yellowish-brown ground, and is not easily made out without high power or special illumination." If with Dr. Ehrlich's process the staining of the bacillus is found to be too faint, the fault will lie with the experimenter and not with the process. In August last Dr. Gibbes evidently did not know what was meant by Ehrlich's process, else he would surely never have said that at that time, or for months before that time, Dr. Ehrlich used vesuvin to give a "dense yellowish-brown ground," to a bacillus of a "faint pink colour." Since April last Dr. Ehrlich has used methylene blue as a contrast colour for red stained bacilli.—I am, Sir, yours faithfully,

London, Dec. 5th, 1882. G. A. HERON.

"PICRIC ACID AND SUGAR TESTING."

To the Editor of THE LANCET.

SIR,—In reply to Dr. Pavy's imputation on my memory or my pen, allow me to say that I have neither denied nor doubted the existence of unoxidised sulphur compounds in normal urine, but in answer to his statement that the presence of such compounds "means, in other words, the capacity for producing a sulphide on boiling with potash," I ask him for some proof of this other than a reference to well-known text-books. He may, perhaps, consider that in describing the reaction which occurs on boiling normal urine with liquor potassæ mixed with lead, he has given sufficient proof; but Dr. Pavy will doubtless admit that practically there is a very wide difference between the blackening of albuminous urine when boiled with lead-contaminated potash, and the slight and even doubtful colouration which results from treating normal urine in the same way. And now I ask him to give careful consideration to my son's letter in your last number, where he has shown that prolonged boiling of normal urine with caustic potash, while it destroys the sugar, does not form an alkaline sulphide, I also request his particular attention to the facts and arguments contained in this week's letter from my son. He there demonstrates and explains the fact that while a lead sulphide is formed by boiling albuminous urine with liquor potassæ *mixed with lead*, no alkaline sulphide is formed when the same urine is boiled with *pure liquor potassæ*. His observation explains the fact mentioned in my last letter to you, that albuminous urine containing the normal proportion of sugar—i.e., about ·5 of a grain per ounce,—gives exactly the same depth of colour when tested with picric acid and potash as the same specimen after the removal of the albumen by coagulation and filtration.

I beg now to thank Dr. Pavy for his friendly criticism, the result of which has been to elicit a more speedy and complete demonstration than without it would probably have been given—that there is no substance, either in normal or in albuminous urine, to interfere with, or to render in any way fallacious, the picrate test for sugar.

I hope in the course of a few days to send you a detailed description of a method of quantitative analysis of saccharine urine by which I obtain results practically identical with those arrived at by my son, who analyses the same specimens by means of Dr. Pavy's ammonio-cupric method. The advantage which I claim for my method is that it requires only a very simple and inexpensive apparatus, that it is easily learnt and practised, and that by its means an exact analysis of a sugar solution may be made in about five minutes.—I am, Sir, yours faithfully,

Savile-row, Dec. 18th, 1882. GEORGE JOHNSON.

To the Editor of THE LANCET.

SIR,—The argument employed by Dr. Pavy in his communication to you of the 12th instant is that, as an alkaline sulphide is produced by boiling albumen with caustic alkali solution, so an alkaline sulphide will likewise be formed by the action of boiling potash upon those unoxidised sulphur compounds which have been proved to exist in healthy urine, and which are presumably nearly allied to albumen in their chemical properties and constitution.

Now it is stated and accepted as a fact in the chemical text-books, and is to be found in so many words in "Watts' Dictionary," that albumen gives rise to an alkaline sulphide when boiled with solution of caustic alkali. It was, therefore, very surprising to me to find that dried ovalbumen, a specimen of which happened to be handy, produced no trace of sulphide even after boiling for half an hour with a strong solution of potash; the solution thus obtained gave no dark colour or precipitate with a solution of acetate of lead, and no reaction with nitro-prusside of sodium, even after diluting the liquid till the excess of caustic alkali was no longer sufficient to interfere with the production of the characteristic colour on the addition of a single drop of H_2S water.

At first I was inclined to doubt whether the specimen of albumen employed had not been subjected to some process which had deprived it of its sulphur, but this idea was at once negatived by the fact that if the lead solution was added to the albumen and potash *before boiling*, and heat afterwards applied, an abundance of lead sulphide was produced. And here is the clue to the mystery. The text-books direct to add the lead *before* boiling the albumen with potash. The fact is that a sulphide can be produced only by boiling an alkaline solution of albumen (made in the cold) with a metallic solution, such as one of lead or copper. Clearly the sulphur of the albumen is converted into some sulphur salt of potash (not sulphide) by boiling with caustic potash, for the solution thus obtained gives no sulphur reaction with the picrate test, lead test, or nitro-prusside test.

Taking into consideration the importance of this observation, and especially the fact that it contradicts accepted statements concerning the action of alkalies upon albumen, it was thought necessary to establish the fact by yet further, and if possible, more convincing evidence. With this end in view I performed the following experiment:—Some of the alkaline albumen solution, obtained by prolonged ebullition of white of egg with caustic potash, was placed in a two-necked Woulfe's bottle and a stream of pure carbolic anhydride gas passed through it till all air was expelled. This having been accomplished, the liquid was rapidly acidulated with pure acetic acid, and the issuing gas caused to bubble through a slightly acidulated solution of lead acetate. Not the faintest turbidity was observed after prolonged passage of the gas through the lead solution, and no darkening of colour, though the issuing gas possessed a peculiar fœtid odour. This test is, of course, one of extreme delicacy, the CO_2 gas tending to carry on with it any gas that might be in solution in the acid liquid, and at the same time preventing the possibility of any H_2S being oxidised by the air. Anyone may convince himself that these observations upon the albumen of the egg apply equally to the seralbumen found in albuminous urine. Place some albuminous urine in two test-tubes, add to one test-tube some caustic potash and a few drops of acetate of lead solution, whilst to the other an equal portion of caustic potash is added, but no lead. Then boil the contents of both tubes for three or four minutes, and add to the liquid containing potash and urine only, a quantity of lead equal to that added to the other tube. It will be found that the liquid to which the lead was added after boiling remains clear (the colouring matter is somewhat reddened, but no sulphide of lead is formed), whilst the other solution will be blackened by lead sulphide in proportion to the quantity of albumen in the specimen under examination.

It seems, then, that *no sulphide* is produced by boiling even albumen with caustic alkali, unless a metallic solution be added *previously* to boiling, and as no metallic solution except the potash is employed in the picrate test, it follows that the presence of albumen in urine can in no way interfere with the application of this test to the detection or quantitative estimation of grape sugar therein. And in this respect the picrate test possesses a manifest superiority over that of Fehling. I am, Sir, yours truly,

G. STILLINGFLEET JOHNSON.

King's College, Dec. 19th, 1882.

"DEATHS AFTER ABDOMINAL OPERATIONS FROM HEART-CLOT."

To the Editor of THE LANCET.

SIR,—Mr. Lawson Tait declines to enter into the question raised by my reading of his cases of death from heart-clot, and shelters himself behind the easy device of the denial of

the septic condition. His previous description of the cases will go farther with most people in deciding what was the cause of death than his present mere denial of septicity. Mr. Tait claims that his recently published statistics show that abdominal operations do far better without Listerism than with it. I dispute this statement entirely; and in proof of my right to do so I give the following ovariotomy statistics. I only myself became aware of the actual state of the case on collecting these statistics recently at the request of a distinguished American surgeon.

Ovariotomy Statistics.

	Recoveries.	Deaths.	Mortality per cent.
Keith's cases,	381 340	 41	..... 10·76
Thornton's ,,	328 293	 35	..... 10·67
Tait's ,,	226 199	 27	..... 11·94

I take Dr. Keith's figures from his letter to Mr. Spencer Wells (Oct. 1881, "Ovarian and Uterine Tumours," p. 224). My own statistics are down to date. Mr. Tait's are taken from his successive published tables, and end with a case operated on on August 5th, 1882. If the fact of my giving my own to date improves my relative position, it only proves that recent Listerism in my practice has done more for me than the discarding it has done for Keith and Tait. I have asked the former for his later statistics, and have received no reply; so that if including them would have improved his percentage, the fault does not rest with me. The results are curiously close; but the fact remains that my practice of consistent Listerism gives me a slight advantage in percentage mortality over Dr. Keith, and a more marked one over Mr. Tait. If the antiseptic and non-antiseptic cases of each operation are separated into two classes, the value of Listerism becomes still more evident, but to do this fully would take up too much space in a letter. I believe that if Dr. Keith had stuck to pure Listerism, he would have reversed our respective positions. From Mr. Tait's own statements to me about his wounds, when he was supposed to be practising Listerism, and from his many public utterances on the subject, I do not believe that he has ever been able to grasp the true meaning of Listerism, or ever really to practise it.

If we turn now from ovariotomy statistics to those of oöphorectomy, Mr. Tait's special operation, and one in which he has had a larger experience by far than I have (and Mr. Tait has always had the greatest faith in the effect of experience on success), we find that in his first seventy cases Mr. Tait had six deaths, or a mortality of 9·57 per cent. And one of the deaths which started this correspondence also results from oöphorectomy. I, on the other hand, with a much smaller experience of fourteen oöphorectomies, with careful Listerism have not had a single death. Mr. Tait's mortality, then, is nearly 2 per cent. higher than mine in ovariotomy, and 9½ per cent. higher in his special operation of removal of the uterine appendages. With regard to the action of carbolic acid on feeble kidneys, I can only say that I have not met with the dangerous results which have befallen Dr. Keith, Mr. Tait, and Dr. Bantock. And I can tell Mr. Tait that the informant, whoever he may be, who caused him to write as follows, "I have heard that Mr. Thornton's own experience has been unfortunate in this direction," has led him into a statement which has no foundation in fact. I have not had reason to believe that any of my cases have seriously suffered from the use of carbolic acid, though I have performed nearly two hundred Listerian abdominal sections since I last published my results. There is also, I am glad to say, a marked falling off in septicæmia as compared with my last published one hundred and seventy-two antiseptic abdominal sections.[1] With regard to the quotation which Mr. Tait makes from Mr. Wells's book, anyone who reads the whole paragraph will see that its sense is very different from the portion of it which Mr. Tait has separated from the context, and the fact remains that Mr. Wells continues to use full Listerian details, including the spray, and is, as I know from a recent conversation with him, well satisfied with the results he obtains, and he, like myself, has not met with any of those remarkable deaths from diseased kidneys which tell so seriously upon the statistics of Dr. Keith, Mr. Tait, and Dr. Bantock.

I will tell Mr. Tait why operations such as the one of the success of which he boasts "are shirked in London." It is because we consider human life too valuable to be recklessly endangered; and our rule is that operations for uterine fibroid are only justifiable when the patient's life is endangered by the disease. The patient Mr. Tait refers to was under my care in the Samaritan Hospital *two years ago*. She was then forty-three, and had a *small* fibroid enlargement of the uterus, without serious hæmorrhage or serious symptoms of any kind. I kept her under close observation from Oct. 1st to Oct. 14th, 1880, and then strongly advised her against operation, pointing out that she was not justified in placing her life in danger, unless she became very much worse, and that she might fairly hope for natural cure at the menopause in a few years. If in the two years which have elapsed since I saw her she did become very much worse, Mr. Tait is most unfair in quoting the case as he does, as if I had *recently* refused to operate. Perhaps he will tell us the weight of this "huge and rapidly growing myoma" after he removed it, and the other urgent symptoms which justified the operation. I have just advised two other patients against operation for uterine fibroid, both from the same town in the north of England, and both sent into the Samaritan for hysterectomy. They were healthy women, and good subjects to glorify the operation by recovery, but I could find no justification for putting them to the smallest risk. I shall shortly publish a brief note of these two cases, as they are typical. In conclusion, I have to thank Mr. Tait for the opportunity he has afforded me of demonstrating the superior results obtained by Listerism in ovariotomy and oöphorectomy.

I am, Sir, yours, faithfully,

Portman-street, W., Dec. 11th. J. KNOWSLEY THORNTON.

[1] Medico-Chirurgical Society's Transactions, vol. lxiv.

THE RECENT BANQUET TO THE MEDICAL OFFICERS FROM EGYPT.

To the Editor of THE LANCET.

SIR,—It would, I think, prevent erroneous conclusions if Deputy Surgeon General Colvin Smith, of the Madras Army, explained the reasons that enabled him to furnish 400 dhooly bearers after the battle of Tel-el-Kebir to remove the European wounded from the field. The centre of the enemy's position having been carried by the second division, his right collapsed at once; so that very little resistance was offered to the Indian contingent. The small loss suffered by the Indian brigade at the battle of Tel-el-Kebir will prove the force of the above statement. Had their losses been in proportion to that of the other regiments, I fear they would have had no dhooly bearers to spare.

I am, Sir, yours faithfully,

December, 1882. BEARER COMPANY.

SCOTTISH NOTES.

(*From our own Correspondent.*)

THROUGH advancing years Mr. Thomas Edward, F.L.S., has found it necessary to resign the office of Curator of the Banff Museum, an office held by him for the past thirty years. The remarkable career of this indomitable naturalist, made familiar by the graceful pen of Dr. Smiles, will be fresh in the memory of most readers; and it is satisfactory to know that the fame derived from this record of a life-long devotion resulted in such substantial assistance that the veteran can pass his declining years in comfort.

The annual meeting of the subscribers to the Stirling Royal Infirmary was held last week. The report showed a favourable financial state, and mentioned the number of patients treated as 1693. The improvements and additions now in course of completion will cost £1600; but this sum is already almost in hand as special contributions, and the expenditure will provide accommodation for thirty additional beds. The report concludes with a complimentary reference to Drs. Johnstone and Robertson.

Since the establishment of the Hospital for Sick Children, at Aberdeen, five years ago, the institution has continued rapidly to grow. Commencing with fourteen beds, there are now thirty, and these are so fully taken advantage of that there is seldom an empty cot. The demand is urgent for further accommodation; and with the view of providing

this, as well as to carry out the wishes of a handsome contributor to the funds, the directors have determined upon extensive additions to the building. At present no provision is made for the isolation of cases of infectious disease which may occur, and for this purpose a separate building is proposed. Anyone visiting the tidy and cheerful wards will see at a glance how zealous and enthusiastic is the management. Drs. Stephenson, Garden, and Macgregor form the staff; but no one will more readily than these gentlemen admit the large share of the hospital success which is due to the kind care of Miss Lumsden, the matron.

The pathology question was again before the managers of the Aberdeen Infirmary on the 11th inst. It will be remembered that the new professor of pathology requested access to the material for instruction afforded by the infirmary, but the considerable difficulty in the way was the fact that the institution was already served by a pathologist who has done the work most acceptably for some twelve years—there was, in fact, no vacancy in the office of pathologist. In May last the whole subject was remitted to a committee to report, and they ascertained that Dr. Rodger was willing to offer every facility to the professor in the use of material from the dead-house and the museum. The committee, by a majority, reported in favour of Dr. Rodger retaining his present position, but that Professor Hamilton should make half the post-mortem examinations. This compromise is so evidently unsatisfactory that the managers willingly agreed to the motion of Dr. Struthers, that the whole subject should lie over for three months, in the hope of a private settlement. Everyone will feel relieved should the matter be thus amicably arranged; but it is highly important that able and active officers should have no feeling of insecurity in their position; and certainly a bad precedent would be established were Dr. Rodger forcibly removed from office, or felt himself called upon to resign in consequence of undue pressure. The question of the appointment of an assistant physician has been postponed.

As the new material celluloid is coming into use in the manufacture of catheters, tracheotomy tubes, &c., it may not be amiss to mention the narrow escape from a disagreeable accident which a patient of mine had a few days ago. The catheter seemed so suitable for use by my patient himself, that I placed it in his hands, and in this way it had been passed a very few times. As it was the first of this kind which I had used I was curious to know my friend's experience, and on examining the instrument before use luckily detected a crack, which went almost completely round the tube. A few inches of a broken catheter in an inflamed bladder would have been exciting enough, and mention of my escape may place others on their guard.

IRELAND.

(From our own Correspondent.)

THE following "resolution" of the Council of the Royal College of Surgeons was adopted on the 7th inst.:—"That the Inspection Committee be instructed not to receive certificates from any school in which evening lectures are delivered." This resolution naturally created great dissatisfaction among a numerous class of students, those attending evening lectures on account of being engaged in business during the day. That no notice had been given by the College until after November 25th, the last day for registering students, was looked on as an additional hardship, as there was no time to enter at any other recognised school of medicine. A meeting of those interested was held, and a memorial prepared for presentation to the Council. Accordingly, a deputation of night-students had an interview with the Council of the College on the 14th inst., and stated their views through the spokesman, Mr. Carroll, who pointed out the hardship which must necessarily ensue should the Council refuse to modify their resolution. A division of the Council afterwards took place, when only two members voted for excluding night-students altogether, while the remaining members voted for their recognition during the present term. The following resolution was then adopted:—"That the resolution of December 7th in reference to night lectures shall take effect from April 1st, 1883, after which it shall be strictly enforced." It is believed that if the deputation had asked for better terms they would have obtained them; and there are some, and not a small number either, who are of opinion that any resolution of the College refusing to receive certificates of night lectures is altogether illegal, and could not be upheld if properly opposed.

The returns for the five medical schools in Dublin show that the Ledwich still holds the highest place as regards the number of students receiving instruction within its walls. The following are the numbers for the present session: Ledwich, 230, or 9 increase; Trinity College, 225, or 9 increase; Carmichael, 134, or 25 decrease; College of Surgeons, 132, or 8 decrease; Catholic University, 116, or 16 increase. These make a total of 837, or exactly one more than those registered in the session of 1881–2.

The Medical Section of the Academy of Medicine held its first meeting at the College of Physicians on the 15th inst., when the President of the Section, Dr. William Moore, President of the College, delivered the inaugural address. Dr. Moore spoke of the improvements in the diagnosis of disease which had taken place during the past twenty-five years. He referred to the thermometer, which was often of service in difficult cases, and alluded to the advances made in the diagnosis of cardiac disease. He believed that the prognosis depended less upon the various murmurs heard than on the vital condition of the organ itself, the prognosis being more important than the diagnosis. He next referred to Claude Bernard's experiments, which had thrown light on various affections, and spoke of abdominal aneurism, the specific nature of fevers, bacilli, and of cerebral and spinal diseases. It was sometimes very puzzling to diagnose between organic and functional diseases; and he detailed various cases which occurred in his practice as examples of the difficulties occasionally met with.

Last week, Mr. Harrington, master of the Carrick-on-Shannon Workhouse, and his wife were found dead in their bed. A fire had been lighted in their bedroom the previous evening, and the fatal result was attributed to the imperfect ventilation of the apartment, and the large amount of deleterious gases given off from the coal, which was of a very inferior kind.

During the September quarter the returns of pauperism in Ireland show a decrease of 1174 in the number of workhouse inmates, and an increase of 810 in the number of persons on out-door relief as compared with the previous quarter. The prevalence of the following zymotic diseases was reported by the various registrars:—Measles in 56 districts, scarlatina in 40, diphtheria in 4, and fever in 53. Three deaths from hydrophobia were recorded during the quarter.

The late Dr. Handsel Griffiths, who was Assistant-Librarian to the Royal College of Surgeons, died from typhoid fever in 1877, and since then his wife has also died, leaving three orphan children behind her with but scanty means of support. A committee has been formed to collect funds for supporting and educating the three boys, and as the case is a deserving one, it is to be hoped that the amount required will be obtained.

The death is reported of Dr. John Burgess Allen, of Gorey, a well-known practitioner in that place. Deceased, who was in his fifty-third year, succumbed from congestion of the lungs.

PARIS.

(From our Paris Correspondent.)

THE discussion on typhoid fever which has been carried on at the Academy of Medicine for the last two months is, like the prevailing epidemic, on the wane. I shall endeavour to summarise it as briefly as possible in this letter. The first part of the discussion was taken up with the etiology of the disease, most of the orators being evidently converted to the fæcal, or what the French authors are pleased to term the English, theory of its origin. Dr. Noël Guéneau de Mussy is the principal representative of the English theory, and he endeavoured to prove that typhoid fever in general, and the present epidemic in particular, may be clearly traced to the contamination of drinking water and alimentary substances by dejections of patients suffering from the disease. This theory Dr. Guéneau de Mussy has sustained for several years, and in 1877 he made a com-

munication to the Academy of Medicine in support of it. He believes more than ever in the English theory; but he thinks, also, that the germ of typhoid fever may have another habitat or another medium for its culture. Founding his arguments on this view, he insisted on a more scrupulous attention to sanitary measures, both public and private, particularly to the privies and cesspools. The latter he totally condemns, as, also, the practice, introduced into this city about twenty years ago, of emptying their contents into the sewers, which, in their turn, are emptied into the Seine. Dr. Rochard, an old academician, endeavoured to show, in the most eloquent terms, that while he conceded the probable correctness of the theory of the fæcal origin of typhoid fever, there are other elements to be taken into consideration which, no doubt, play a great part in the development of the disease, such as cosmic influences, overcrowding, and want of cleanliness; but he does not wish it to be inferred from this that he believed in the spontaneity or the production of the disease *de novo*, adding that the microbe of typhoid fever exists in the air and develops itself as soon as it can find a favourable soil. Other speakers followed, all sustaining, in more or less definite terms, the theories above enunciated. M. Jules Guérin then came forward, and suggested that, in the present state of our knowledge of the etiology of typhoid fever, it would be of more practical interest and utility to discuss the means, on clinical grounds, by which the disease may be successfully combated, instead of wasting time in going over the already frequently trodden ground.

As to the therapeutics of typhoid fever, Professor Hardy stated his preference for the old classical treatment, which consists of the administration of purgatives during the first ten days; the application of dry cupping to the chest; draughts composed of extract of cinchona and alcohol; and of acidulated drinks during the second and third weeks. He sometimes prescribes the sulphate of quinine, but never exceeds 75 centigrammes, or about eleven grains daily. Dr. Hérard had always obtained good results from the administration of quinine, but in larger quantity than that employed by Prof. Hardy—as much as three or four grammes, or about one drachm daily. He also prescribed salicylic and carbolic acids in minute doses, which he considers powerful antiseptics and antipyretics. Dr. Legouest believed that the proper quantity of quinine in these cases would be two grammes (thirty-one grains) daily, which he learned from long experience in the military hospitals; and is inclined to think that when sudden death occurs in typhoid fever, it is attributable to the malignancy of the disease itself. Most of the speakers seemed to lay great stress on the necessity for reducing by every possible means the excessively high temperature that exists in this fever, by the employment of salicylic and carbolic acids, and the use of cold baths; but, according to Dr. Dujardin-Beaumetz, hyperpyrexia is certainly a manifestation of the gravity of the disease, and to treat this manifestation only would not constitute the proper treatment, as the temperature would be simply kept in abeyance by the remedies employed, but the disease would continue its course all the same. Moreover, he asserted that it was impossible to lay down any definite rules for the treatment of this terrible affection, but patients must be treated according to existing indications, as in all epidemics there is a certain morbid agent, a something unknown, which renders them so different from one another. That which distinguishes the present epidemic of typhoid fever in Paris, is the frequency of bedsores over the sacrum, which reminded one of the description given by Trousseau, and also the frequency of diphtheritic symptoms. Under these circumstances the statistics of the treatment employed would be of little or no value. Dr. Dujardin-Beaumetz was of opinion that in these cases simple "expectation" would be far preferable to the use of powerful remedies which may be more harmful than otherwise. Professor Vulpian, after having given a fair trial to some of the drugs reputed to possess antiseptic properties—iodoform, boracic acid, salicylate of bismuth, the carbolate of soda and salicylic acid—has given the preference to the latter, and administers it in doses of five or six grains every two hours, or six or seven grammes in the twenty-four hours. He has employed it on account of its known property of lowering the temperature, which it does in a more persistent manner than carbolic acid or any of the other substances named. The general state of the patient is favourably modified, but the duration of the malady does not appear to be sensibly influenced by the treatment. M. Vulpian, however, concludes that although salicylic acid may not be considered a curative agent for typhoid fever, yet it exerted a sufficiently modifying influence on the disease to entitle it to a place among the best medicines that are employed in the treatment of this disease. His confidence in the drug is such that he would recommend its use as a prophylactic during epidemics of typhoid fever. With this view he would administer it even to healthy subjects in doses of two grammes daily. Professor Germain Sée condemned the use of carbolic acid internally, not only in typhoid fever but in every other form of disease attended with great depression of the vital forces, as it is a most dangerous remedy, producing toxic effects even in small doses, particularly on the heart which it depresses in a very marked manner. He considers salicylic acid an untrustworthy remedy in typhoid fever, whether as an antiseptic or antipyretic. To fulfil these indications he considers nothing equal to the sulphate of quinine, which he administers in doses of two grammes daily; a larger quantity would produce toxic effects, and a smaller would be useless. In concluding this letter I send the following as a therapeutic curiosity:—Dr. Lancereaux adopts what he terms the treatment of indications—tepid baths, administering at the same time the tincture of digitalis, and in case of excitement and wakefulness he adds to it the tincture of opium in doses of one gramme to one gramme and a half, which he found very beneficial in the ataxic forms of the disease in patients addicted to the use of spirits, and in individuals worn out by fatigue or other causes. He combats tympanites by purgatives and enemata of iced water; complications of the respiratory organs by cupping and ipecacuanha. Against the fetor of the alvine evacuations he employs enemata of carbolic acid, which at the same time aids in lowering the temperature; he also employs carbolic dressings in the furuncular eruptions that accompany the disease. Of fifty-two patients treated in this way by Dr. Lancereaux from the 28th of September to the 15th of November only five died.

Paris, Dec. 19th, 1882.

TENEMENT HOUSES IN AMERICA.

(From a Roving Correspondent.)

(Concluded from p. 1010.)

AT Boston, Mass., during the last ten years much has been done to secure the health of the inhabitants. It is to be regretted, however, that up to the present time the Health Commissioners have had no control over the sanitary arrangements and construction of habitable houses within that city. In consequence, although the Corporation have established a separate building authority to which all plans are referred, the sanitary arrangements of many Boston houses leave much to be desired in the interests of the health of the townspeople. It is always unwise to have a divided responsibility, and in any case where matters of health are concerned to separate the supervision and control of the sanitary condition of habitable houses from the Health Department, is almost, if not quite, as foolish as to attempt to separate the dieting of a patient from the control of the physician who has charge of the treatment of the disease from which he is suffering. It is surprising to find this fatal administrative mistake in a city like Boston, which is certainly entitled to rank high amongst American towns for its culture and sound public life. Doubtless attention has only to be called to the subject to ensure its immediate rectification. Nothing could be more detrimental to the best interests of the citizens than this divided responsibility, and the sooner it is altered the better it will be for the health of the city. Great praise is due to the Board of Health for the good sanitary work they have done in Boston during the past ten years. Few, if any, cities have better quarantine arrangements, few have officers more imbued with a genuine enthusiasm for their work, few take greater precautions to ensure the health of all classes, and no American city keeps its streets and thoroughfares cleaner or in better order. Still, when all this is said something remains to be done, and it is not a little remarkable to find that in its regulations for the construction and maintenance of tenement houses Boston is much behind Chicago. Indeed, the whole of the

statutes and ordinances relating to the public health of Boston might be overhauled and supplemented with advantage. In some cases they are contradictory. Thus, it is provided by article 106 that no cellar dwelling shall be occupied which has more than half its entire height below the level of the street, whereas section 113 enacts that a cellar may be occupied providing at least one foot shall be above the same level. Again, the conditions upon which tenement and other houses are allowed to be built require amplification and revision, as at present they leave much to be desired. The existing tenement houses in Boston may be divided into three classes—(*a*) undesirable, (*b*) fair, (*c*) good. With a population of nearly 400,000 Boston has some 20,000 or 25,000 people who occupy tenement houses, and of these some 10,000 inhabit the grade of house here classed as undesirable. A building known as the Crystal Palace may be taken as a fair specimen of the first type. It has accommodation for thirty-eight families, and is occupied on an average by some twenty-five only. The tenants pay for one fair-sized room and an annex or large cupboard with an opening into the air shaft, from 5*s.* to 6*s.* per week. On every landing there is a sink common to all on that floor, and a supply of cold water. There are no watercloseta, but three very dirty and badly-kept privies, unlocked, and open *tout le monde*, are situated outside and behind the house. The house itself is not clean, and is old and in bad repair. Still it is fair to say that the present condition is not nearly so bad as formerly, it having been occupied by no less than 100 families some years ago. At present there is no overcrowding, although the state of affairs when 100 families existed here must have been horrible indeed. The present occupants are nearly all Irish, for the most part rag-pickers by trade, who are certainly, notwithstanding their dirty condition, far cleaner here than I have found them at home—in Dublin, for instance. This house is owned by a respectable man, who rarely, if ever, visits it, for the reason that he has sublet it for $1376 per annum, say £275. If he came there once a week, probably he would pull down the house, or at any rate keep it in better repair. No. 190, Kneeland-street, may be taken as a good example of the second class of house. It is owned by a publican of good standing and respectability, who takes some interest in his property, refuses to sublet, and manages it himself, through a janitor, who collects the rents, and resides on the premises. It contains twenty-five families when full, and is in many respects far cleaner and better kept than the Crystal Palace. The occupants, too, are more respectable and cleanly, but the rents are very little, if any, higher than those already given. Indeed, there are vacant rooms of a superior kind to let here for which the same rent is asked at the Crystal Palace, although the accommodation at the latter, to say nothing of the unpleasant neighbours, is far inferior to that here offered. This proves that high rents do not keep people in the undesirable class of tenement house, of which the Crystal Palace is a type, but, on the contrary, the people who there crowd together do so from choice, and not from necessity. Further, it may be noticed that everywhere the children looked healthy, a fact accounted for by the medical officer's statement that amongst the children it was a case of the survival of the fittest. At 190, Kneeland-street, the privies are outside the house, the doors are all locked, and the whole of them are fairly clean. This was another proof of the admitted fact that to secure cleanliness in these places they must be kept locked, be allotted to certain families only, and so the individual responsibility is easily brought home. This plan works well even in Ireland, and its adoption throughout Boston would be desirable. Columbia Building, Elliot street, was shown as a fair specimen of the best class of tenement house. Its situation is, however, not calculated to promote the health of the inmates, as it is much shut in, and proper ventilation is not therefore possible. In the entrance-hall is a board, called a "directory," upon which are given the names and addresses of the owners and janitor, and the names of the occupants of all the rooms. In the basement are situated a number of cellars; and each set of rooms has a separate cellar allotted to it. The rooms are well proportioned and comfortable, but the plumbing and drainage arrangements leave much to be desired. The watercloseta are situated in the centre of the building; they have no communication with the outside air, and the effluvium and sewer-gas are perceptible in the living rooms and entrance-halls, and on the staircase. The rents here are much higher than at the Crystal Palace and Kneeland-street. They average from 12*s.* to 32*s.* per week. The occupants consist of Scotch, German, and a few Irish mechanics, all superior people earning good wages, and some, at any rate, conscious of the insanitary condition of this house, and the need which exists for structural alterations.

Now, taking these three types of tenement houses and their present condition, it may not be unprofitable to point out where in each case the health authorities might exercise the powers they possess with advantage. At the Crystal Palace no whitewashing has been done for quite twelve months, and Section 116 of the Statutes might be enforced with advantage, as it provides that all tenement house-owners shall "whitewash the walls and ceilings thereof twice, at least, every year, in the months of April and October." Both at the Crystal Palace and at 190, Kneeland-street, Section 112, regulating the condition of privies and privy vaults, ought to be strictly enforced. It is a little surprising why this has not been done before, especially as the buildings bear evidence of constant inspection in other respects. At Columbia Building, a class of tenement house which appears to be rarely inspected in Boston, the state of affairs is certainly not creditable, and ought to be remedied at once. The building is comparatively of recent construction, and its bad and unhealthy sanitary condition is no doubt mainly due to the fact that the Health Department has no control over the erection of dwelling-houses in Boston. This is a state of affairs which calls for alteration, and the sooner a change is made the better. It is true that when a building is occupied it comes under the control of the health authorities, but Columbia Building shows how imperfectly and at what increased expense proper ventilation and plumbing can be introduced *after* completion. If the plans of this tenement house had been submitted to the Health Department before its erection no such evils could have existed. Here is something for Boston people to put right, and the sooner they see to it the better for all concerned.

In New York, up to the year 1878, the tenement house was not only a scandal but a danger to the public health. Even to-day the condition of affairs is not satisfactory, and in spite of the energetic action of one of the most capable of Boards of Health to be found in the United States, much remains to be done. Here, as in Liverpool, the difficulty is to provide suitable accommodation for and to restrain the large floating population which constitute the dregs of the emigrant class. In a tenement house in Mott-street, situated almost exactly opposite the offices of the Board of Health, and plainly visible therefrom, is situated a tenement house, or rather houses, which are as bad as anything to be seen anywhere to-day. They are occupied by Italians, but though poor the people themselves are fairly cleanly, and their rooms are at times, considering their surroundings, wonderfully clean. The closets, however, are in a disgraceful condition, and present a spectacle as filthy as the slough of despond itself. This state of affairs could be remedied; it has been vastly improved at Boston, and it is not credible that New York should long lag behind. Unfortunately there are many of these tenement houses in New York, and little hope is held out of their extinction or removal. Much good has, however, been done since 1878, when the *Sanitary Engineer* drew public attention to the condition of the New York tenement houses, and offered a prize of $500 for the best design for such a building. This competition excited keen interest, and resulted in much improvement. Public attention was aroused, clergy and laity combined to urge reform. A joint committee, consisting of the judges and a committee of the State Charities' Aid Association, was formed, and in the result an amendment to the Tenement House Act was passed by the State Legislature in May, 1879. This Act limited the space to be occupied by any tenement house to sixty-five per cent. of the lot it occupies, required all bedrooms to have windows, with direct light and air, and greatly increased the powers of the Board of Health to remedy the abuses in such buildings. Two associations were formed to erect model dwellings for working men, and several improved tenement houses have been and are being erected by private individuals. No plan can be settled now without the approval of the Health Department, and all plans which fail to meet the requirements of the law are invariably rejected. All this is most satisfactory; and it would be unjust to omit to mention the fact that these results are largely due to the liberality, earnestness, and zealous labour of Mr. H. C. Meyer, whose whole-hearted and disinterested exertions

should not pass without public recognition. A visit paid to one of the blocks recently erected by the Improved Dwellings' Association afforded many satisfactory proofs of the way in which these buildings are appreciated by the class for whom they have been erected. The dwellings of this company are situated on First Avenue, and consist of thirteen houses of six storeys each, with basements used as cellars and laundry. There is here accommodation for 218 families in suites of two, three, and four rooms, which are rented at from 8s. to 16s. per week. There are a laundry, reading-room, and bath-house connected with these buildings, and there is ample playground for the children. Care has been to make the sanitary arrangements perfect; but a casual visit leads to the conclusion that at present the soil-pipes have to be better ventilated and the drains to be properly disconnected from the main sewer before the health of the inmates is likely to continue good. These buildings were opened in May, 1882, so the managers have had but a short experience of the working. The mortality amongst the children, of whom 400 have been residents, has been a total of three deaths, and out of 218 sections no less than 157 have been occupied. There is a slight discipline enforced. Irish people, who are unable to give a clean bill of health as to drink, all scolds, and mothers who cannot control their children, are not admitted. The refusals are in practice very few, the night janitor reports all cases of drunkenness, and after two cautions a third offence is visited by a notice to quit. Credit is not given except in case of death or sickness. There are resident at the present time within the buildings twenty-one French Canadian families, who are reported to make excellent tenants and to be very respectable. I wish the project every success, and judging from what I saw this association deserves and will obtain it. The great difficulty in New York is the expense of sites, land being so valuable, and this circumstance is likely to delay the erection of an ample quantity of suitable tenement houses.

In Philadelphia there are practically no tenement houses, as here land is plentiful, and it is the fashion for every man to own the house in which he lives. Hence, poverty is rare, thrift is everywhere apparent, and the large number of small houses or pretty cottages fills the visitor with astonishment. It would be a grand thing if every father of a family could own his own house as he does in Philadelphia. This is something for us to aim at accomplishing where possible, and its general adoption would be indeed an approach to the millennium. It is not possible to obtain this in England, but in Ireland and America the general adoption of this Philadelphian system is greatly to be desired.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. — At the last meeting of the Council, the following gentleman, who passed his examination for the Fellowship in May last, having attained the legal age of twenty-five years, was granted his diploma of Fellow of the College:—

Firth, Robert Hammill, L.R.C.P. Edin., Ware.

[The letters following the name of Arthur Bancks Prowse, in the list published last week, should have been "M.D.," not "M.B."]

UNIVERSITY OF LONDON. — The following candidates have passed the recent M.D. Examination:—

*Buckell, Arthur Edward, University College.
Collins, Wm. Job, B.S., B.Sc., St. Bartholomew's Hospital.
Dalton, Norman, King's College.
Davy, Henry, Guy's Hospital.
Dickinson, Thomas Vincent, St. George's Hospital.
Edwardes, Edward Joshua, St. Mary's Hospital.
Firth, Charles, St. Bartholomew's Hospital.
Gabb, James Percy Alwyne, University College.
Hobson, Lewis John, B.S., University College.
MacDonald, Greville Matheson, King's College.
Maguire, Robert (Gold Medal), Owens College and Manchester Royal Infirmary.
Notley, William John, B.A., Edinburgh Royal Infirmary.
Paddison, Edmund Howard, Guy's Hospital.
Parkes, Louis Coltman, University College.
Penny, Edward, Guy's Hospital.
Petch, Richard, King's College.
Plumbe, Samuel Thomson, St. Bartholomew's Hospital.
Railton, Thomas Carleton, St. Bartholomew's Hospital and Owens College.
*Rake, Beaven Neave, Guy's Hospital.
Routh, Amand Jules M'Connel, B.S., University College.
Russell, George Hannah, Guy's Hospital.
Saunders, George James Symes, King's College.
Savill, Thomas Dixon, St. Thomas's Hospital.
Sayer, Mark Footham, University College.
Squire, John Edward, University College.
Stoaham, Thomas George, London Hospital.
Suckling, Cornelius Wm., Queen's College, Birmingham.
Whittle, Edward George, University College.

LOGIC AND PSYCHOLOGY ONLY.

Barnes, George Frederick, St. Bartholomew's Hospital.
Buckley, Samuel, Manchester Royal School of Medicine.
Hayward, John Davey, University College.
Neale, William Henry, B.S., University College.
Sutk, John Frederick William, King's College.
Taylor, Harold Gilbertson, King's College.

* Obtained the number of marks qualifying for the Medal.

The following have passed the recent M.S. Examination:—

Ballance, C. Alfred (Gold Medal), St. Thomas's Hospital.
Collier, Mark Purcell Mayo, St. Thomas's Hospital.

The following have passed the recent B.S. Examination:—

FIRST DIVISION.

Collingwood, David, University College.
Pike, Charles James, University College.
Roeckel, Waldemar Joseph, St. Bartholomew's Hospital.
Sutton, Samuel Walter, St. Thomas's Hospital.
Walters, Frederick Rufenacht, St. Thomas's Hospital.

SECOND DIVISION.

Battersham, John Williams, Westminster Hospital.
Buxton, Dudley Wilmot, University College.
Campbell, Harry, St. Bartholomew's Hospital.
Clarke, Ernest, St. Bartholomew's Hospital.
Dakin, William Radford, Guy's Hospital.
Scharlieb, Mary Ann Dacomb, Madras Medical College, London School of Medicine, and Royal Free Hospital.

UNIVERSITY OF OXFORD.—At a congregation held on the 18th inst. the degree of M.D. was conferred on—

Bonville Bradley Fox and Edward Oswald Hopwood, Christ Church; Percy Kidd, Balliol.

UNIVERSITY OF CAMBRIDGE. — The following candidates have received the degree of M.B.:—

Adolphus Vaughan Bernays, non-collegiate; George Lindsay Johnson, Gonville and Caius; William Arthur Shann, Downing.

The degree of B.S. has been conferred on—

Morris, B.A., Gonville and Caius; Pitt, M.A., Clare; Shelld, Downing.

At a Congregation held on Dec. 18th the following were appointed Electors, under the new University Statutes, to the undermentioned Professorships:—Anatomy: Mr. W. H. Flower, Hunterian Professor of Comparative Anatomy; Dr. Allen Thomson, Edinburgh; Professor Paget; Professor Huxley; Dr. Michael Foster; Professor A. Newton; Professor Liveing; Mr. J. W. Clark, Trinity.—Downing Professorship of Medicine: Sir George Burrows, Gonville and Caius; Dr. F. J. Farre, St. John's; Dr. T. Lauder Brunton, Edinburgh; Dr. Richard Quain, London; Professor Paget; Professor Liveing; Professor Humphry; Mr. P. T. Main, St. Johns.—Pathology: Sir James Paget; Professor Latham; Dr. J. F. Payne, Oxford; Dr. Michael Foster; Professor Humphry; Professor Paget; Dr. W. H. Gaskell, Trinity; Dr. J. Burdon Sanderson, Professor of Physiology, Oxford.—Dr. Michael Foster, of Trinity, was appointed a member of the Board of Studies for Medicine, and also a member of the Board of Studies for Biology and Geology.

COLLEGE OF PHYSICIANS IN IRELAND. — At the December examinations the following obtained the licences in Medicine and Midwifery of the College:—

MEDICINE. — G. Parcell Atkins, John Leslie Barrington, Patrick Donnellan, George Henry Johnson Fisher, Arthur Joseph Greene, Robert Joseph Gubbins, Richard Hatch, Jas. Joseph Kerr, Patrick Maguire, Edward Daddy Mullan, Michael James Nolan, Rowland Pollock, Edward Vernon.

MIDWIFERY. — G. P. Atkins, John J. Austin, Patrick Donnellan, George Henry Johnson Fisher, Arthur Joseph Greene, Robert Joseph Gubbins, Richard Hatch, Alfred Wynne Hawthorne, James Joseph Kerr, Patrick Maguire, Edward Daddy Mullan, Michael James Nolan, Rowland Pollock.

The undermentioned Licentiates were admitted to the Membership of the College:—

Chas. Edw. Geoghegan, R.N. | John Byrne Power.
John Joseph Mullen. | William Tobin.

George St. George Tyner.

APOTHECARIES' HALL.—The following gentlemen passed the examination in the Science and Practice of Medicine, and received certificates to practise, on Dec. 14th:—

Buckley, Thomas William, Betley, near Crewe.
Canton, Herbert, Camden-road.
Dodd, Henry W., Hilldrop-crescent, Camden-road.
Ledlie, Andrew, Belfast.
O'Kane, Michael, Gaulock-road, Camberwell.
Perry, Allan, Poplar Hospital.

The following gentleman also on the same day passed the Primary Professional Examination:—

Crisp, James Ellis, London Hospital.

ANOTHER CENTENARIAN.—A woman in Kendal, named Sarah Birkett, has just died at the reputed age of 102 years.

VACCINATION GRANT.—The following gentleman has received the Government grant for efficient vaccination: Dr. G. R. Barnes Ewell, Surrey (fifth time).

SCARLET FEVER is very prevalent at Tebay in Westmoreland. The authorities seem to be awake to the necessity of strenuous efforts to cope with the disease.

HOSPITAL SUNDAY at Hull has yielded the largest collection yet taken in that town—viz., £788 14s. 9d. Last year the amount was £694 11s. 5d.

ON the 15th inst. the new wing lately added to the Sunderland Infirmary was formally opened by the Mayor of the town. About £2000 remains to be collected to cover the cost of the improvement.

AT the last meeting of the Middlesborough Town Council it was agreed, on the recommendation of the Watch Committee, to advance the salary of the Police Surgeon (Dr. M'Cuaig) from £52 to £75 per annum.

THE governors and trustees of the York County Hospital have voted £300 towards improving the sanitary condition of the hospital, in accordance with the advice of the medical staff and the recommendation of Mr. Slater, sanitary engineer, of York.

NORTH-WEST LONDON HOSPITAL.—The following grants have recently been made to this hospital, Kentish Town Road:—Skinners' Company, £10 10s.; Vintners' Company, £10 10s.; Haberdashers' Company, £10 10s.; Mercers' Company, £26 5s.

THE governors of the Hastings, St. Leonards, and West Sussex Infirmary have decided to accept the gift of a large mansion to be converted into a convalescent home, and also to build a new infirmary on the site of the existing structure, capable of accommodating seventy-five patients

Medical Appointments.

Intimations for this column must be sent DIRECT *to the Office of* THE LANCET *before 9 o'clock on Thursday Morning at the latest.*

ARNOLD, RICHARD O., L.F.P.S.Glas., L.S.A.Lond., has been appointed Medical Officer for the Workhouse, Luton, Beds.

BATTERHAM, J. W., M.B., B.S.Lond., M.R.C.S., has been appointed House-Surgeon to the South Staffordshire and Wolverhampton General Hospital.

BYERS, JOHN W., M.A., M.D., M.Ch., M.R.C.S., L.M.K.Q.C.P.I., has been appointed Physician for Diseases of Women to the Royal Hospital, Belfast.

CASEY, EDWARD, M.D., B.S., has been appointed Medical Officer of Health to the Borough of Windsor, vice S. Turrell, M.D., deceased.

CHADWICK, GEO. F., M.R.C.S., has been appointed House-Surgeon to the Dewsbury and District Infirmary, vice Evans, resigned.

COSGRAVE, E. MACDOWEL, M.D., L.K.Q.C.P.I., has been appointed Physician to Whitworth Hospital, Bishop's-road, Dublin.

DAVIDSON, ALEXANDER, L.F.P.S.Glas., has been appointed Medical Officer for the Anstey District of the Tamworth Union.

EMMERSON, WILLIAM LINDSAY, L.M.Dur., M.R.C.S., L.S.A.Lond., has been reappointed Public Analyst for the Borough of Stamford.

EVANS, S. E., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Resident Medical Superintendent of the Bradford Fever Hospital, vice W. K. Rix, resigned.

FENWICK, E. HURRY, F.R.C.S., has been appointed Demonstrator of Physiology to the London Hospital Medical College.

HALL, CHARLES B., M.D., has been appointed Honorary Physician to the Dewsbury and District Infirmary.

HERON, G. A., M.D., M.R.C.P., has been appointed Senior Assistant-Physician to the City of London Hospital for Diseases of the Chest, vice S. West, M.D., M.R.C.P., appointed a Physician.

HOBSON, LEWIS JOHN, M.D.Lond., B.S., has been appointed Honorary Physician to the York County Hospital.

HOPE, E. W., M.D., B.Sc.Ed., has been appointed House-Physician and Pathologist to the General Hospital, Wolverhampton.

JORDAN, FRED. WILLIAM, L.R.C.P.Lond., M.R.C.S., L.S.A.Lond., has been appointed Medical Officer of Health for the Heaton-Norris Urban Sanitary District, vice Bird, deceased.

KEYWORTH, JOHN WHITE, M.D.Lond., M.R.C.S., L.S.A.Lond., has been elected Physician to the Wellington Hospital, New Zealand, vice Dr. Collins, appointed Surgeon.

NELSON, J., M.D., has been appointed Ophthalmic Surgeon to Belfast Royal Hospital.

PELLEW, EDWARD BRAY, L.R.C.P.Ed., M.R.C.S., has been appointed Medical Officer for the Eastern District and Workhouse of the Haltwhistle Union, vice Walker, resigned.

RIDPATH, D., M.D., has been appointed Medical Officer of Health for the Rural Sanitary District of the Great Driffield Union.

SHAW, JOHN ALEXANDER, M.R.C.S., L.S.A.Lond., has been appointed House-Surgeon to the Victoria Hospital for Children, Chelsea, S.W.

STEELE, R., L.R.C.P.Ed., M.R.C.S., has been appointed Medical Officer for the Third District of the Lutterworth Union.

WHITE, SINCLAIR, M.D., M.Ch.Q.U.I., has been appointed Lecturer on Physiology in the Sheffield Medical School.

WILLIAMS, C. J., M.R.C.S., has been appointed Medical Officer for the Fifth District of the Lincoln Union.

Births, Marriages, and Deaths.

BIRTHS.

ANGUS.—On the 19th inst., at North Ashfield, Newcastle-upon-Tyne, the wife of James Acworth Angus, M.R.C.S.Eng., L.S.A.Lond., of a son.

IRONSIDE.—On the 13th inst., at Highbury New-park, the wife of R. A. Ironside, M.B., C.M., of a daughter.

MCINTYRE.—On the 15th ult., at Avoca House, L. Umchlanga, Natal, S.A., the wife of John McIntyre, M.D., of a son.

PERKINS.—On the 5th ult., at Exmouth, Devon, the wife of George Steele Perkins, M.B., C.M.Edin., M.R.C.S., L.R.C.P.Lond., of a son.

MARRIAGES.

DAUNT—NICKOLL.—On the 12th inst., at St. John's Church, Pembroke Dock, South Wales, Elliot Daunt, L.R.C.P.Lond., M.R.C.S., &c., of Pierpoint House, Lincfield, and third son of the Rev. E. S. T. Daunt, of St. Stephen's, Launceston, to Eleanor Maude Mary, only daughter of J. Nickoll, Esq., of Pembroke Dock, and granddaughter of the late Commander J. Harvey Nickoll, R.N.

LAING—HARDING.—On the 13th inst., at Madras, Surgeon-Major James Anderson Laing, Indian Medical Department, to Mary, third daughter of G. P. Harding, Esq., of Champs Elysées, Paris.

POYNDER—NISBETT.—On the 13th ult., at Landour, N. W. India, George Frederick Poynder, Surgeon, A.M.D., eldest son of the Rev. L. Poynder, retired Chaplain in India, to Mary, daughter of Major-General Nisbett, B.Sc., of Shirley, Southampton.

DEATHS.

FAWSSETT.—On the 18th inst., at Wisbech, Frederick Fawssett, F.R.C.S., in his 70th year.

LAWRENCE.—On the 30th ult., at Claverton-street, Bath, George Edgar Lawrence, M.R.C.S.E., L.R.C.P.Lond., aged 32.

LLOYD.—On the 11th inst., at Tyn Rhyl, Rhyl, Edward Lloyd, M.D., L.R.C.P., formerly of Castella, Glamorgan, aged 62.

PATERSON.—On the 9th inst., suddenly, at Bahia, Brazil, John Lijertwood Paterson, M.A., M.D., M.R.C.S.E., of Boa Vista, the Grange, Edinburgh, aged 62. Friends at home and abroad will please accept this intimation.

SHEPHARD.—On the 12th inst., at Beach Cottage, Teignmouth, Fleet Surgeon Charles Douglas Shephard, R.N., aged 61.

WEST.—On the 17th inst., at Cairo, Edward de Lancy West, M.B., C.M.Edin., the dearly-loved and only son of the Rev. Dr. West, of Epsom College, aged 28.

N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.*

CONTRIBUTORS FOR 1883.

SUPPLEMENTAL LIST.

THE following Physicians and Surgeons holding Honorary Hospital Appointments, Principal Medical Officers in the establishments of the Army and Navy, Medical Officers of Health, and leading General Practitioners throughout the country, have intimated their intention of contributing to the columns of THE LANCET during the year 1883.

ADAM, A. MERCER, M.D. Edin., Surgeon to the Boston Cottage Hospital.

ATKINSON, E., M.R.C.S. Eng., Surgeon to the Leeds General Infirmary, and Lecturer on Surgery at the Leeds School of Medicine.

BEACH, FLETCHER, M.B. Lond., M.R.C.P. Lond., M.R.C.S. Eng., Medical Superintendent of the Dartenth Asylum, Dartford.

BIRD, TOM, M.R.C.S. Eng, Instructor in the Use of Anæsthetics at Guy's Hospital, and Administrator of Anæsthetics at the East London Hospital for Children and Hospital for Women, Soho-square.

BISSHOPP, J., L.R.C.P. Lond., M.R.C.S. Eng., Surgeon to the Tunbridge Wells Provident Dispensary.

BOULTON, PERCY, M.D. Edin., M.R.C.P. Lond., Physician to the Samaritan Free Hospital for Out-patients at Queen Charlotte's Lying-in Hospital, and to the Home for Incurables, Clapham-rise.

BRUCE, J. MITCHELL, M.D. Lond., Senior Assistant Physician and Lecturer on Materia Medica and Therapeutics at Charing-cross Hospital, Sub-Dean at Charing-cross Hospital Medical School, and Assistant Physician to the Hospital for Consumption, Brompton.

BUZZARD, T., M.D. Lond., Physician to the National Hospital for Epilepsy and Paralysis, and Physician to the Artists' Annuity and Benevolent Funds.

CANNING, P. W. G., L.R.C.P., L.R.C.S. Edin., Resident Surgeon at the Hull and Scalcoates Dispensary, Hull.

CHARTERIS, MATTHEW, M.D. Edin., L.R.C.S. Edin., Professor of Materia Medica and Therapeutics at the University of Glasgow, and Physician and Lecturer on Clinical Medicine at the Glasgow Royal Infirmary.

CRIGHTON, R. WILKIE, M.D., L.R.C.S. Edin., Physician to the Tavistock Dispensary.

DALBY, W. B., M.B. Cantab., F.R.C.S. Eng., Aural Surgeon and Lecturer on Aural Surgery, St. George's Hospital.

DRUMMOND, D., M.D. Dub., Lecturer on Physiology at the University of Durham, Physician and Pathologist to the Newcastle-on Tyne Infirmary, and Senior Physician to the Children's Hospital, Newcastle-on-Tyne.

DUNLOP, W. M., M.B. Glasg., Resident Medical Officer at St. Pancras Workhouse, London, N.W.

EALES, H., M.R.C.S. Eng., Honorary Surgeon to the Birmingham and Midland Eye Hospital, and Demonstrator of Anatomy at the Queen's College, Birmingham.

GREEN, T. HENRY, M.D., F.R.C.P. Lond., M.R.C.S. Eng., Physician and Lecturer on Pathological Anatomy at Charing cross Hospital, and Senior Assistant Physician to the Consumption Hospital, Brompton.

GREENWAY, H., M.R.C.S. Eng., Medical Officer of Health of Plymouth Borough, and Consulting Ophthalmic Surgeon to Plymouth Provident Dispensary.

GRIFFITH, A. HILL, M.B. Aberd., House-Surgeon at the Royal Eye Hospital, Manchester.

GUNN, R. MARCUS, M.B. Edin., M.R.C.S. Eng., Clinical Assistant at the Royal London Ophthalmic Hospital, Demonstrator of Physiology at the London Hospital Medical College, and Ophthalmic Surgeon at the North Western London Free Dispensary.

GWYNNE, C. NELSON, M.B. Dub., L.M.K.Q.C.P. Irel., Lecturer on Practical Physiology at the Sheffield School of Medicine, and Surgeon to the Children's Hospital, Sheffield.

HAWARD, J. WARRINGTON, F.R.C.S. Eng., Surgeon to the St. George's Hospital, London.

HULKE, J. WHITAKER, F.R.C.S. Eng., Surgeon to the Middlesex and to the Royal London Ophthalmic Hospitals, and Member of the Court of Examiners of the Royal College of Surgeons, England.

HUTCHINSON, S. J., L.D.S., M.R.C.S. Eng., Dental Surgeon to the Dental Hospital of London.

JESSETT, F. BOWREMAN, F.R.C.S. Eng. (exam.), Surgeon to the Royal General Dispensary, Bartholomew-close, London, E.C.

JONES, SYDNEY, M.B. Lond., F.R.C.S. Eng. (Exam.), Senior Surgeon and Lecturer on Surgery at St. Thomas's Hospital, Consulting Surgeon to the Central London Throat and Ear Hospital, to the Royal South London Dispensary, and Luton, Beckenham, and Hatfield-Broad-Oak Cottage Hospitals.

LAFFAN, T., M.K.Q.C.P. Irel., M.R.C.S. Eng., Surgeon to the Cashel Union Infirmary, and Physician to the Greano Fever Hospital.

LEATHAM, J., M.D. Qu. Univ. Irel., L.M.K.Q.C.P. Irel., Surgeon to the Liverpool Hospital for Fistula and Diseases of the Rectum.

LEE, H., F.R.C.S. Eng. (exam.), Consulting Surgeon to St. George's Hospital and Queen Charlotte's Lying-in Hospital.

LENTAIGNE, J. V., L.R.C.S.I., Surgeon to the Jervis-street Hospital, Dublin.

LLOYD, G. JORDAN, M.B. Durh., F.R.C.S. Eng. (Exam.), Casualty Surgeon to the Queen's Hospital, Birmingham.

LOMAS, W., M.D. St. And., M.R.C.P. Lond., Senior Physician to the Royal General Dispensary, and Physician to the Seaside Convalescent Hospital, Seaford.

MAC CORMAC, SIR WILLIAM, F.R.C.S.I., F.R.C.S. Eng., Surgeon and Lecturer on Surgery at St. Thomas's Hospital, Examiner in Surgery to the University of London and Queen's University, Ireland, and Consulting Surgeon to the Belfast General Hospital.

MARSDEN, A., M.D. St. And., F.R.C.S. Edin., M.R.C.S. Eng., Consulting Surgeon to the Royal Free Hospital, and Senior Surgeon to the Cancer Hospital.

MORGAN, J. HAMMOND, F.R.C.S. Eng., Assistant Surgeon to and Lecturer on Surgical Pathology at Charing-cross Hospital, and Assistant Surgeon to the Hospital for Sick Children, Great Ormond-street, W.C.

MUIR, J. C. P., L.R.C.P., L.R.C.S. Edin., Medical Officer to the North Kensington and Kensal Town Provident Dispensary.

NUNN, P. W. GOWLETT, L.R.C.P. Lond., M.R.C.S. Eng., Honorary Medical Officer of St. Mary's Home for Invalid Ladies, Honorary Surgeon to the Hospital for Diseases of the Hip in Childhood, and Provident Infirmary, Bournemouth.

O'CONNOR, F. W., F.R.C.S.I., L.R.C.P. Edin., Surgeon to the City of Limerick Infirmary.

O'DELL, T., M.R.C.S. Eng., Honorary Surgeon to the Hertford General Infirmary, and District Medical Officer of Hertford Union.

OWEN, EDMUND, M.B. Lond., F.R.C.S. Eng., Surgeon to St. Mary's Hospital, Senior Assistant Surgeon to the Hospital for Children, Great Ormond-street, Lecturer on Anatomy at St. Mary's Hospital Medical School, Consulting Surgeon to the London Diocesan Deaconesses' Institution, Westbourne-park, and to the St. John's-Wood and Portland Town Provident Dispensary.

PARK, R., M.D. Glasg., Physician for Diseases of Women and Children to Anderson's College Dispensary, Glasgow.

PAVY, F. W., M.D. Lond., F.R.C.P. Lond., Physician to and Lecturer on Medicine at Guy's Hospital.

PICK, T. PICKERING, F.R.C.S. Eng., Member of the Board of Examiners in Anatomy and Physiology at the Royal College of Surgeons, England, and Surgeon and Lecturer on Anatomy at St. George's Hospital.

POTTER, J. BAPTISTE, M.D. Edin., F.R.C.P. Lond., M.R.C.S. Eng., Obstetric Physician to the Westminster Hospital, Lecturer on Midwifery and the Diseases of Women at Westminster Hospital Medical School, and Physician to the Royal Society of Musicians.

PRIDEAUX, T. ENGLEDUE P., L.R.C.P. Lond., M.R.C.S. Eng., Medical Officer and Public Vaccinator of the First and Second Districts and Workhouse of the Wellington Union.

RICE, B., M.B. Lond., House Surgeon at the Warneford Hospital, Leamington.

ROPER, GEORGE, M.D., M.R.C.P. Lond., M.R.C.S. Eng., Physician to the Royal Hospital for Children and Women, Waterloo-road.

ROTH, B. M., M.D. Brussels, F.R.C.S. Eng., Honorary Surgeon to St. John's Convalescent Home for Children, Brighton.

SANKEY, W. H. OCTAVIUS, M.D. Lond., F.R.C.P. Lond., Proprietor of the Sandywell-park Asylum for the Insane.

SAVORY, W. SCOVELL, M.B. Lond., F.R.C.S. Eng. (exam.), Member of the Court of Examiners of the Royal College of Surgeons, England, Surgeon and Lecturer on Surgeon at St. Bartholomew's Hospital, Surgeon to Christ's Hospital, Consulting Surgeon to the London Fever Hospital.

SAUL, W. WINGATE, M.D. Heidelb., M.R.C.S. Eng., Medical Officer of Her Majesty's Civil and Military Prisons, Lancaster Castle, Medical Officer of Ripley's Hospital and Lancaster Royal Grammar School.

SCOTT, A. T., M.R.C.S. Eng., Surgeon to the Holloway and North Islington Central Dispensary.

SMITH, W. JOHNSON, F.R.C.S. Eng. (Exam.), Surgeon to the Seamen's Hospital, Greenwich.

SMITH, F. PORTER, M.B. Lond., M.R.C.S. Eng., Medical Officer of Health of Shepton-Mallet, and Physician to the Shepton-Mallet Hospital.

STEELE, J. PEDDIE, B.A., M.D. Edin., Rome.

STEWART, W. R. H., F.R.C.S., L.R.C.P. Edin., M.R.C.S. Eng., Surgeon to and Surgeon for the Throat and Ear Department, North-Western London Hospital, and Assistant Surgeon to the Establishment for Invalid Ladies, 20, Harley-street, W.

STRUTHERS, J., M.D., F.R.C.S. Edin., Professor of Anatomy at the University of Aberdeen.

THOMPSON, E. SYMES, M.D. Lond., M.B., F.R.C.P. Lond., Physician to the Consumption Hospital, Brompton, Gresham Professor of Medicine, Physician to the Artists' Annuity and Benevolent Funds.

THOROWGOOD, J. C., M.D. Lond., F.R.C.P. Lond., M.R.C.S. Eng., Lecturer on Materia Medica at the Middlesex Hospital, Physician to the City of London Hospital for Chest Diseases, and Physician to the West London Hospital.

TUDOR, JOHN, M.R.C.S., Senior Surgeon to the Dorset County Hospital.

TURNER, T., M.R.C.S. Eng., Surg. to the Hertford General Infirmary.

WEATHERLY, LIONEL A., M.D. Aberd., M.B. Aberd., M.R.C.S. Eng., Medical Officer to the Portishead Railway Company and Docks, Medical Officer to the Bedminster &c. Union District, and Physician to the Portishead District Dispensary.

WHITE, W. H., M.D., M.R.C.P. Lond., Assistant Physician to the Royal Hospital for Diseases of the Chest, City-road, Senior Physician to the St. Marylebone Dispensary, and Physician to the Cripples' Nursery.

WILL, J. C. OGILVIE, M.D. Aberd., M.B., Surgeon to and Lecturer on Clinical Surgery at the Royal Infirmary, and Surgeon to the Prison, Aberdeen.

WILLIAMS, C. THEODORE, M.D., F.R.C.P. Lond., Physician to the Consumption Hospital, Brompton, Consulting Physician to the St. Peter's Home, Kilburn, and to the Milliners' and Dressmakers' Provident Institution.

WILLIAMS, NEVILLE, M.B., M.R.C.S. Eng., Medical Officer of the Harrogate Cottage Hospital.

WILLIAMS, JOHN, M.D., F.R.C.P. Lond., Consulting Physician to the Royal Infirmary for Women and Children, and Assistant Professor of Midwifery at the University College.

WOODS, G. A., L.R.C.P. Edin., M.R.C.S. Eng., Honorary Surgeon to the Southport Infirmary and Dispensary, Medical Officer of Southport Convalescent Hospital, and Medical Officer of Health of North Meols.

YEO, I. BURNEY, M.D. Lond., M.B., F.R.C.P. Lond., Physician to King's College Hospital, Assistant Physician to the Brompton Hospital for Diseases of the Chest, and Honorary Physician to the Westmoreland Memorial Refuge, Streatham.

Dr. BENJAMIN ANGER, Surgeon to the Paris Hospitals.

Dr. BALL, Professor at the Paris School of Medicine, Physician to the Paris Hospitals.

Dr. BESNIER, Physician to the Paris Hospitals.

Dr. BOCHEFONTAINE, Chef de Laboratoire at the Hôtel Dieu.

Dr. ALEXANDER BOGGS, Paris.

Dr. ARTURO BOMPIANI, Consultant to the Lying-in Hospital, St. John Lateran, Rome.

Dr. BRACCHINI, Assistant-Surg. to the San Giacomo Hospital, Rome.

Dr. BROWN-SEQUARD, Professor at the Collége de France.

Professor BUSINELLI, Lecturer on Ophthalmic Surgery in the University of Rome.

Dr. HENRY CAZALIS, Consulting Physician at Aix-les-Bains.

Dr. CHARCOT, Professor at the Paris School of Medicine, Physician to the Paris Hospitals, Member of the Academy of Medicine.

Dr. DAMASCHINO, Physician to the Paris Hospitals.

Dr. DIEULAFOY, Physician to the Paris Hospitals.

Dr. DUJARDIN-BEAUMETZ, Physician to the Paris Hospitals.

Dr. DUPLAY, Professor at the Paris School of Medicine, Surgeon to the Paris Hospitals, Member of the Academy of Medicine.

Dr. CHARLES FAUVEL, Paris.

The Chevalier GREGORIO FEDELI, M.D., Rome.

Dr. FOURNIER, Professor at the Paris School of Medicine, Surgeon to the Paris Hospitals, Member of the Academy of Medicine.

Dr. GALLARD, Physician to the Hôtel Dieu.

Dr. GALEZOWSKI, Paris.

Dr. GELLE, Paris.

Dr. GOMBAULT, Physician to the Paris Hospitals.

Dr. NOEL GUENEAU DE MUSSY, Member of the Paris Academy of Medicine.

Dr. ALPHONSE GUERIN, Honorary Surgeon to the Paris Hospitals, Member of the Academy of Medicine.

Dr. JULES GUERIN, Member of the Academy of Medicine.

Dr. GUYON, Professor at the Paris School of Medicine, Surgeon to the Paris Hospitals, Member of the Academy of Medicine.

Dr. HALLOPEAU, Physician to the Paris Hospitals.

Dr. HARDY, Analyst to the Hôtel Dieu.

Dr. HUCHARD, Physician to the Paris Hospitals.

Dr. OSCAR JENNINGS, Paris.

Dr. KRISHABER, Paris.

Dr. LABBE, Surgeon to the Paris Hospitals, Member of the Academy of Medicine.

Dr. E. LANDOLT, Paris.

Dr. LE BLOND, Paris.

Dr. A. LUTAUD, Assistant-Physician to St. Lazare.

Dr. GIUSEPPE MAGINI, Assistant Lecturer on Physiology in the University of Rome.

Dr. MALLEZ, Paris.

Dr. ETTORE MARCHIAFAVA, Professor of Pathological Histology in the University of Rome.

Dr. MARTINEAU, Physician to the Paris Hospitals.

Dr. COSTANZO MAZZONI, Professor of Clinical Surgery in the University of Rome.

Dr. JACOPO MOLESCHOTT, Professor of Physiology in the University of Rome.

Dr. NACHTEL, Paris.

Dr. NEUMANN, Paris.

Dr. PANAS, Professor at the Paris School of Medicine, Surgeon to the Paris Hospitals, Member of the Academy of Medicine.

Dr. FEDERICO PAPI, Consulting Physician to the Santo Spirito Hospital, Rome.

Professor PASTEUR, Member of the Paris Institute.

Professor ERCOLE PASQUALI, Director of the Lying-in Hospital of St. John Lateran, Rome.

Dr. PEAN, Surgeon to the Paris Hospitals.

Dr. POZZI, Surgeon to the Paris Hospitals.

Dr. CH. RICHET, Agrégé of the Paris Faculty.

Dr. EMILIO DI ROSSI, Professor of Aural Surgery in the University of Rome.

Dr. GERMAIN SEE, Professor at the Paris School of Medicine, Physician to the Hospitals, Member of the Academy of Medicine.

Dr. CLAUDIO SFORZA, Medical Officer to the Department of Military Hygiene, Rome.

Dr. TERRIER, Surgeon to the Paris Hospitals.

Dr. TERRILLON, Surgeon to the Paris Hospitals.

Dr. JULES WORMS, Paris.

METEOROLOGICAL READINGS.

(Taken daily at 5.30 a.m. by Steward's Instruments.)

THE LANCET OFFICE, Dec. 21st, 1882.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Max. Temp. Shade.	Min. Temp	Rain fall.	Remarks at 5.30 A.M.
Dec. 15	29·83	E.	40	39	..	45	35	..	Foggy
" 16	29·90	S.E.	44	43	..	48	36	..	Overcast
" 17	29·89	S.	48	47	..	50	43	..	Overcast
" 18	29·64	S.E.	48	47	..	50	43	..	Raining
" 19	29·97	S.E.	45	44	..	50	39	..	Foggy
" 21	30·31	S.E.	49	38	..	50	35	..	Foggy
" 24	29·89	S.W.	49	48	..	50	35	·06	Overcast

Notes, Short Comments, and Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editor."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for publication or private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe, or recommend practitioners.

Local papers containing reports or news-paragraphs should be marked.

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "To the Publisher."*

A NOVEL CLUB.

A CIRCULAR has reached us from Preston intimating the establishment of "a Cottage and Domestic Servants' Club," with a tariff of charges, signed by "A. Primrose Wells, B.A. Cambridge, L.R.C.S., L.R.C.P., &c., late Assistant House-Physician to St. George's Hospital." The circular has, we are informed, been sent to all the houses in Preston. This is strange action for a graduate of Cambridge and a late assistant house-physician at St. George's Hospital, on which Mr. Wells will not reflect with satisfaction.

HYSTERICAL IMITATION OF THE EFFECTS OF ETHERISATION.

To the Editor of THE LANCET.

SIR,—A curious hysterical condition that came under my notice on the 30th of last month is, I think, unique.

The patient was a young lady, about eighteen years of age, and had to undergo an operation in connexion with the mouth. It was arranged that this should take place under the influence of an anæsthetic. About three years and a half ago I had administered ether to this patient, and some teeth had been extracted while she was under its influence. Hysterical laughing and crying preceded the return to sensibility, and this condition lasted for several hours. On the morning of Nov. 30th I poured some ether into a cone, which I held for a second or two about three inches from my patient's mouth, so that she might get accustomed to the smell, this being a practice I am in the habit of adopting before pressing the cone on to the face. She could have scarcely recognised the odour when I was struck by her peculiar appearance, and I therefore placed my cone upon a table that was near to me and watched the strange hysterical condition that ensued. First the eyelids quivered with great rapidity and there was a strong convergent squint, the face becoming congested and assuming that purple tint so common in the early stage of anæsthesia. Then followed violent trembling of the upper and lower limbs, succeeded by strong convulsive struggles, and lastly complete muscular flacidity, with heavy breathing. I could now touch the edge of the upper eyelids without producing reflex action. The time occupied by these successive stages was from two to three minutes, and no ether was inhaled beyond such whiffs as might have reached the patient while the cone was three inches away from her mouth. The moment I replaced it she became sensible, and it was with considerable difficulty, and after the expenditure of seven ounces of ether, that I produced insensibility. When the operation was over violent hysterical crying came on and lasted for more than three hours.—I am, Sir, your obedient servant,

JAS. GODFREY THRUPP,
Formerly Etherist, &c., St. George's Hospital.

St. Stephen's road, W., Dec. 5th, 1882.

PARISH RELIEF IN IRELAND.

WITH the view of relieving cases of distress in Ireland, a circular has been forwarded to the Boards of Guardians of unions in which distress is anticipated. The Boards are advised that they must rely on the powers vested in them by the existing Poor-law Acts, and persons who need relief are cautioned not to look forward to the expenditure of public money on public works, but to take advantage of the relief at present provided. The circular states that the Government are satisfied by experience that relief works are not only extravagant and demoralising in their effects, but often fail to aid the most necessitous. In order, however, that distress may be properly met, the suggestion is made that each relieving officer be directed to attend frequently in different parts of his district for the purpose of receiving applications from persons needing relief.

F.R.C.S.—There is no vacancy in the Council of the College of Surgeons at present. Mr. Holden, who still retains his seat therein, has ceased to be a member of the Court of Examiners in Surgery and Pathology, and also of the Dental Board.

Mr. Gibbs (Darlington).—The document has passed from our hands Application might be made to the author.

Mr. Frank Edwards.—We do not know of any such institution.

Mr. Godlee.—Next week.

AN APPEAL.

To the Editor of THE LANCET.

SIR,—The distressing circumstances of the case I feel it my duty to bring before your readers' notice are my excuse for trespassing on your columns; I trust they may plead with the benevolent of our profession for their practical sympathy and help. The appeal I am about to make is on behalf of the three orphan children of the late Dr. Handsel Griffiths, of Dublin, aged respectively eight and a half, five and a half, and four and a half years. Their father, who was a highly educated physician and surgeon, was author of several valuable papers on Materia Medica and Chemistry. Some of these works are well known—viz., "Posological Tables," "Materia Medica and Pharmacy," "Lessons in Prescribing," &c. He also occupied the position of librarian to the Royal College of Surgeons in Ireland, and Lecturer on Chemistry in the Ledwich School of Medicine, Dublin. In both appointments he gave the utmost satisfaction, and, owing to his kind and courteous manner, he soon became a particular favourite with all those whom he was brought in contact with. In the year 1877 he was suddenly struck down with an attack of typhoid fever, and having undermined his constitution—never a robust one—by continued mental labour in the day as well as severe literary work at late hours of the night, he was unable to battle against the attack, and died on the fourteenth day of his fever, at the early age of thirty-one, leaving a very delicate wife and two young children in very distressed circumstances. The third child was born two months after his father's death. The very week he was stricken with fever he was about to effect an insurance on his life so as to provide in some way for his family. Unfortunately, however, this insurance was not completed. Two months ago his wife, who made a heroic struggle on behalf of her young family, succumbed to an attack of phthisis, and the three little orphan boys are now wholly helpless except for the aid they receive from an aged grandmother, who supports herself and them by the precarious mode of existence of letting furnished lodgings. To support and educate these children till they are in a position to hold themselves is the object of my appeal and the object of a committee which has just been formed. Any subscriptions sent to me for this purpose, or to any of the following gentlemen, will be thankfully received and acknowledged:—Rev. F. F. Carmichael, L.L.D., 10, Sallymount-avenue, Leeson-park, Dublin; Rev. James Walsh, D.D., 18, Herbert-place, Dublin; Walter G. Smith, Esq., M.D., 34, Lower Baggot-street, Dublin; Kendal M. Franks, Esq., M.D., 60, Fitzwilliam-square, Dublin.—I am, Sir, yours, &c.,

LAMBERT H. ORMSBY, M.D., F.R.C.S.

4, Merrion-square West, Dublin, Dec. 20th, 1882.

M.A. Oxon.—Yes, the Mr. Arthur Smyth Flower, of New College, Oxford, whose name was amongst the successful candidates in the University Intelligence, is the eldest son of Professor Flower, of the Royal College of Surgeons.

Dr. Philip Foster (Leeds).—1. The experiments referred to have not come under our notice.—2. We see no objection to the reference mentioned.

M.R.C.S. (Bath) has not enclosed his card.

"SALICYLATE OF SODA IN SCARLATINA."

To the Editor of THE LANCET.

SIR,—In your issue of the 1[illegible]inst. I read a short communication by Mr. Couldrey under the above heading. I wish to state that for several months past I have prescribed the following mixture in cases of scarlatina, and with the happiest of results:—

Forty grains of salicylic acid, half a drachm of carbonate of ammonia, two drachms of syrup of mulberry, and three drachms of syrup of lemons to three ounces of water; one teaspoonful every two hours (for a girl eight years of age), the dose to be regulated according to age and sex.

The subject is at present engaging my attention, and I hope on a future occasion to offer a communication on the subject

I am, Sir, yours, &c.,

December 20th, 1882. P. W. M.

PHYSOSTIGMA AS AN ANTIDOTE TO STRYCHNINE.

DR. BYRNE, of Russelville, Ky., publishes in the New York *Medical Record* a case in which a patient who had swallowed ten grains of commercial strychnia, recovered after the administration of extract of calabar bean in three doses of four drops each. Previously to the exhibition of this drug, however, ipecacuanha powder, hydrate of chloral, bromide of potassium, and chloroform had been given, under which the paroxysms had been considerably weakened.

Ignorumus.—We see no objection to the letter referred to, which appears to be of the nature of an introduction usually given in the circumstances.

EMPLOYMENT FOR THE DAUGHTERS OF MEDICAL MEN.

To the Editor of THE LANCET.

SIR,—Knowing your anxiety to promote the material as well as the professional welfare of medical men, I take the liberty of addressing you on the subject of remunerative employment for doctors' daughters. The law of heredity would lead one to suppose that there are many doctors' daughters whose inclination would be to enter the medical profession, but they very properly see that their sex unfits them for it, so few females having sufficient strength of body and mind undertake such a laborious and difficult-to-enter profession. There is, however, just now a demand for highly educated young women for work requiring all those qualities of mind which doctors' girls may be supposed very often to inherit, being such as tend to the success of medical men—viz., an interest in anatomy, a quickness to note the movements and appearance of the body, and a desire to relieve the suffering of their fellow creatures. The work I allude to is the teaching of the deaf (and so-called dumb) to communicate with their fellow men by the pure oral (or "German") method. To become proficient in this, the teacher must have an accurate knowledge of the anatomy of the organs of speech and hearing, a theoretical knowledge of phonetics, and a practical knowledge of the pure oral method. These could with difficulty be obtained by young women, except at great expense, were it not that, through the liberality of certain philanthropists, a society has been formed (of which the late Archbishop of Canterbury was president) for the diffusion of the German system, and a training college established at Elmhurst, Castle Bar-hill, Ealing, where a thorough education in all that is needful for acquiring the method can be obtained in one or two years, according to the diligence and ability of students, at a maximum cost of £50 per annum, including board and lodging, and in certain cases this amount is reduced when students are selected to look after the children out of school hours. At the end of the course an examination is held and certificates granted to those who come up to the very high standard required by the committee.

Many ladies who have obtained these certificates are now getting salaries varying from £40 to £100 per annum, and their board and lodging also; and, as I said before, there is a demand for these teachers which the Society is unable to supply. Nor is the demand likely to abate—at any rate, for some years; for though the pure oral method is a comparatively new introduction to England, and has met with some opposition from the advocates of the old sign language, it has now passed the experimental stage. The School Boards are adopting it, and it has the support of our leading physiologists and physicians. Nor are, alas! the scholars wanting, for there are about the same number of deaf (and so-called dumb) children in the United Kingdom as there are qualified medical men. So I think your readers will agree that for many years to come the demand for teachers is likely to become considerable.

In large towns it is possible to teach children in day schools (I visited one last year at Boston, U.S.A., containing seventy children). In such schools the teacher can of course live at home, and by her earnings add considerably to the family income. The daughters of country doctors and the orphans of medical men can more advantageously devote themselves to educating the children of the wealthier classes, when, as resident governesses, they will obtain excellent salaries, pleasant enjoyment, and the comforts and protection of a home.

Should any of your readers wish for further information, which my practical acquaintance with the question will enable me to afford, I shall be happy to give it; or they could obtain full particulars from Dr. Buxton, Secretary to the Society for Training Teachers of the Deaf and Diffusion of the "German" System in the United Kingdom, at 293, Regent-street, London, W.

I have the honour to be, Sir, your obedient servant,

Park Lodge, Baslow, Derbyshire, ED. M. WRENCH, F.R.C.S.
Dec. 20th, 1882.

Medicus should apply to the Secretaries of the respective Funds for a copy of the rules and reports.

A.M.D., Cairo.—Surgeon-Major F. H. Welch.

"THE TREATMENT OF UNUNITED FRACTURE."

To the Editor of THE LANCET.

SIR,—Mr. Francis Mason has directed my attention to a method of treating ununited fractures, first employed by him, and which I put into practice in a case reported in THE LANCET for Dec. 2nd. I was unaware at the time that the operation had been actually performed, otherwise I need hardly say that I should have mentioned Mr. Mason's name in connexion with it. I am, Sir, yours faithfully,

Beaumont-street, Oxford, Dec. 18th, 1882. H. P. SYMONDS.

TREATMENT OF BRONCHOCELE.

IT may prevent misunderstanding if we state that letters are never published in THE LANCET unless the names of the writers are given. In the instance referred to by Mr. Pugin Thornton last week it is right to say that "Chirurgus" had appended his real name, and gave us the option of inserting this or the pseudonym. We chose the latter.

VARIOLA AND VACCINIA.

To the Editor of THE LANCET.

SIR,—In a popular lecture on Vaccination, what view should be taken in reference to the experiments of Cosly, Badcock, and Thiele? The writer of a lately published pamphlet says, p. 16, "The small-pox of man conveyed to the cow produces cow-pox, but the cow-pox thus induced, retransferred to man, is as incapable as the natural cow-pox itself of producing infectious small-pox."

Is this view scientifically correct? The Lyons Commissioner, Dr. Warlomont, Mr. Fleming, and others assert that small-pox and cow-pox are distinct diseases. Fleming is very positive on this point (Human and Animal Variola). He states that human small pox is not vaccinia, and cannot be converted into that malady; and that all recent attempts to produce this conversion in France, England, and Italy have failed.

Warlomont writes (June 28th, 1881), "L'enquête lyonnaise a donné le dernier coup à l'idée représentée par MM. Cosly, Badcock, Burrows, et Thiele, laquelle enseignait que la variole de l'homme confié par inoculation à la vache est restituée par celle-ci à l'état de vaccin. *Cela est faux.* . . . Il existe deux maladies distinctes."

I wish to give the real truth about vaccination, and ask—which is truth? I am, Sir, yours truly,

December 11th, 1882. INQUIRER.

*** There is not sufficient definite knowledge on the subject to enable us to answer the question positively, but we are disposed to think the former view more likely to be correct. Natural cow-pox is essentially a disease of the female animal, the site of the eruption being the udder. This raises the presumption that the disease is produced by inoculation, seeing that it is with the female animal, and particularly with this part, that man comes in contact in the process of milking. The fact that since small-pox has become far less frequent than formerly in rural districts, so called natural cow-pox has almost disappeared, tends to confirm this view, and makes it probable that the latter disease was dependent on the former. The more recent failures to inoculate the cow with small-pox are likely enough to be due to the same kind of difficulties as those which at one time led attempts to cultivate cow-pox in successive calves to be attended by failure. The Lyons experiments cannot be regarded as conclusive.—ED. L.

S. J.—The 30th inst. will be the last day for sending in essays for the Triennial and Jacksonian Prizes of the Royal College of Surgeons. Particulars of the next subjects may be obtained by writing to the Secretary.

VACCINATION.

To the Editor of THE LANCET.

SIR,—There really seems no limit to the aspects of the vaccination question. Now comes an ethical one. As small-pox has recently made its appearance in more than one of our African colonies, and is spreading rapidly among the coloured populations, the point may not be unworthy of attention.

Dr. Tinsley, a well-known practitioner of the Island of Cuba, alleges that vaccine virus after passing through the negro system is rendered prophylactically valueless for the race. If there be any grounds for such a view, it would be well to ascertain whether the Negroid, Hottentot, Kaffir, and such like dusky peoples of South Africa, ought to be included, or to what extent.

It is to be hoped that in such a negative inquiry as is suggested, observation would prove more edifying than in the positive one with ourselves. In any case, should we fail to learn how far Dr. Tinsley's conviction is supported by fact, there would be something gained in knowing if his opinion was shared by those as favourably situate as himself for judging in the matter.—I am, Sir, yours, &c.,

Keppel-street, Russell-square, London, A. M. BROWN, M.D.
Dec. 13th, 1882.

Mr. Neale.—The only way to acquire the knowledge desired is to hold a post in the special department in one of the schools or in one of the special hospitals devoted to the subject at home or on the Continent.

Dr. John Housley.—1. Next week, probably.—2. Very shortly.

Messrs. Wharton and Ford.—It is against our rule.

"ECZEMA."

To the Editor of THE LANCET.

SIR,—I have a somewhat similar case to that mentioned by "Medicus" in THE LANCET for this week in a female, and have found great benefit by giving after meals—ten minims of liquor pot. brom., increased to fifteen minims with tinct. gent. co. or tinct. calumb., with the following ointment applied twice and thrice daily: nitrate of mercury ointment, three drachms; lard, five drachms.

I am, Sir, yours truly,

J. H. CROUDACE, L.R.C.P. Edin.
Colne-road, Burnley, Dec. 20th, 1882.

MADEIRA.

WE have received from Messrs. Butler and Son, Fenchurch-buildings, an excellent photographic view of Madeira, which will be interesting to intending visitors to that famous health resort.

J. B. S.—We think our correspondent was justified in expecting his fee. Cases in point have been decided in county courts, one of which was reported in THE LANCET of Jan. 25th, 1873, p. 150.

Mr. Redmond.—It would be impossible to comply with our correspondent's request.

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Rev. W. P. Roberts; Mr. Christopher Heath, London; Mr. Stevens, London; Dr. Hebb; Dr. Heron; Dr. J. C. Warren; Mr. Symonds; Dr. F. Page, Newcastle-on-Tyne; Mr. B. Scott, Brighton; Mr. Eccleston Gibb, London; Mr. W. H. Kesteven, London; Mr. Croudace, Burnley; Dr. Corfield, London; Mr. W. Thompson, South Yarra; Dr. Rayner, Hanwell; Mr. Belgrave, Sydney; Mr. Reginald Harrison, Liverpool; Dr. Philip Foster, Leeds; Mr. Wrench, Chesterfield; Mr. Redmond, Edinburgh; Mr. Banner, London; Mr. W. Stokes, Dublin; Dr. Noble Smith, London; Dr. Naismith, Ayr; Mr. Thornton, Wolverhampton; Dr. A. Routh, London; Dr. H. Cane, Belvedere; Dr. Gusterbock; Mr. Corbould, Demerara; Mr. Edwards, Buntingford; Mr. North, Micklegate; Mr. T. K. Green, Bath; Dr. G. Fowler, Kennington; Mr. Shann, Micklegate; Brigade-Surgeon Oughton; Dr. Cameron, Huddersfield; Mr. M. Coates, Salisbury; Mr. Tudor, Dorchester; Mr. Buxton Shillitoe, London; Mr. Forman, London; Dr. Tomkins, Monsall; Dr. Moffat, Manchester; Mr. Lawson Tait, Birmingham; Dr. Atkinson, Kingston; Dr. Barron, Southport; Herr Schorer, Berlin; Dr. Ormsby, Dublin; Mr. Ovendon, Dublin; Mr. Wheeler, Manchester; Mr. Edgill; Mrs. Spencer, Glasgow; Messrs. Bell and Bradgate, Edinburgh; Mr. Warren, Boston; Mr. Weess, Madras; Mr. Pratt, Cardiff; Mr. Graham, Wigan; Mr. Debenham, Prestoigne; Mr. Griffiths, Rhos; Dr. Matthews Duncan, London; Mr. Symonds, Oxford; Dr. Cory, Buckhurst-hill; Miss Mathews, Felixstowe; Mr. Vacher, Birkenhead; Mr. Godlee, London; Dr. Colcott Fox, London; Dr. Octavius Sturges, London; Mr. Austin, London; Ignoramus; Enquirer; E. L. W.; P. W. M.; J. B. S.; Medicus; Bearer Company; A Constant Reader; &c. &c.

LETTERS, *each with enclosure*, are also acknowledged from—Mr. Knox, Glasgow; Messrs. Hodgkinson, London; Mr. F. A. White, London; Messrs. Beal and Co., Brighton; Mr. Hughes, Bromley; Dr. Jacobi, New York; Dr. Mackenzie, London; Messrs. Brady and Martin, Newcastle-on-Tyne; Mr. Coward, Huddersfield; Mr. Strong, N.S. Wales; Messrs. Hunter and Co., Aberdeen; Mr. Phillips, Reading; Mr. May, Tunstall; Mr. Armitage, Tauranga; Mrs. Nicholas, Alexandria; Mr. Godwin, Hackney; Mr. Harding, Westgate; Mr. Townsend, Exeter; Mr. Bryan, Hornsey; Mr. Pigott; Mr. Asaker, Hereford; Mr. Angus, Newcastle; Dr. Perkins, Exmouth; Mr. Cartledge, Richmond; L. S. B., Manchester; Medicus, Weybridge; G. R.; A. A. C, Blackburn; L.R.C.P., Southwark; Medicus, West Croydon; M.D., Calfield; M.D.; Q.D.; Rodicus, Brighton; Medicus, Carlisle; L.R.C.P., Dewsbury; M.D., Plaistow; Noël; Sternum; Rainbow; L. C. L., Fulham; D. B., Peckham; R. W. C.; Sigma; L. J., Seaford; Doctor, Bayswater; B. S.; Cantab, London; &c. &c.

Ayr Advertiser, Demerara Daily Chronicle, Warehousemen and Drapers' Trade Journal, Leeds Daily News, Colonist, Church of England Temperance Chronicle, Forest and Stream, Ceylon Observer, Secular Review, Porcupine, Melbourne Argus, Das Echo, Barnsley Times, &c., have been received.

Medical Diary for the ensuing Week.

Monday, Dec. 25.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.

METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M

ST. MARK'S HOSPITAL.—Operations, 2 P.M.; on Tuesday, 9 A.M.

Tuesday, Dec. 26.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.

WESTMINSTER HOSPITAL.—Operations, 2 P.M.

WEST LONDON HOSPITAL.—Operations, 3 P.M.

Wednesday, Dec 27.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.

ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.

ST. MARY'S HOSPITAL.—Operations, 1½ P.M.

LONDON HOSPITAL.—Operations, 2 P.M., and on Thursday and Saturday at the same hour.

GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.

SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.

UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at the same hour.—Skin Department: 1.45 P.M., and on Saturday at 9.15 A.M.

Thursday, Dec. 28.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M

ST. BARTHOLOMEW'S HOSPITAL.—1½ P.M. Surgical Consultations.

CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.

HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M.

NORTH-WEST LONDON HOSPITAL.—Operations, 2½ P.M.

ROYAL INSTITUTION.—3 P.M. Professor Tyndall, "On Light and the Eye."

Friday, Dec. 29.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.

ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 2 P.M.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.

Saturday, Dec. 30.

KING'S COLLEGE HOSPITAL.—Operations, 1 P.M.

ROYAL FREE HOSPITAL.—Operations, 2 P.M

ROYAL INSTITUTION.—3 P.M. Professor Tyndall, "On Light and the Eye."

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Books and Publications	£0 5 0
Official and General Announcements	0 5 0
Trade and Miscellaneous Advertisements	0 4 6
Seven lines and under (each averaging ten words).	
Every additional Line	0 0 6
Front Page	per Line 0 1 0
Quarter Page	1 10 0
Half a Page	2 15 0
An entire Page	5 5 0

The Publisher cannot hold himself responsible for the return of testimonials, &c., sent to the office in reply to advertisements; copies only should be forwarded.

NOTICE.—Advertisers are requested to observe that it is contrary to the Postal Regulations to receive at Post-offices letters addressed to initials only.

An original and novel feature of "THE LANCET General Advertiser" is a special Index to Advertisements on page 2, which not only affords a ready means of finding any notice, but is in itself an *additional* advertisement.

Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday, accompanied by a remittance.

Answers are now received at this Office, by special arrangement, to Advertisements appearing in THE LANCET.

Terms for Serial Insertions may be obtained of the Publisher, to whom all letters relating to Advertisements or Subscriptions should be addressed.

Advertisements are now received at all Messrs. W. H. Smith and Sons' Railway Bookstalls throughout the United Kingdom, and all other Advertising Agents.

Tables of Contents, with the Index of Advertisements, for each Number can be had on application to the Publisher.

Agent for the Advertising Department in France—J. ASTIER, 67, Rue Caumartin, Paris.